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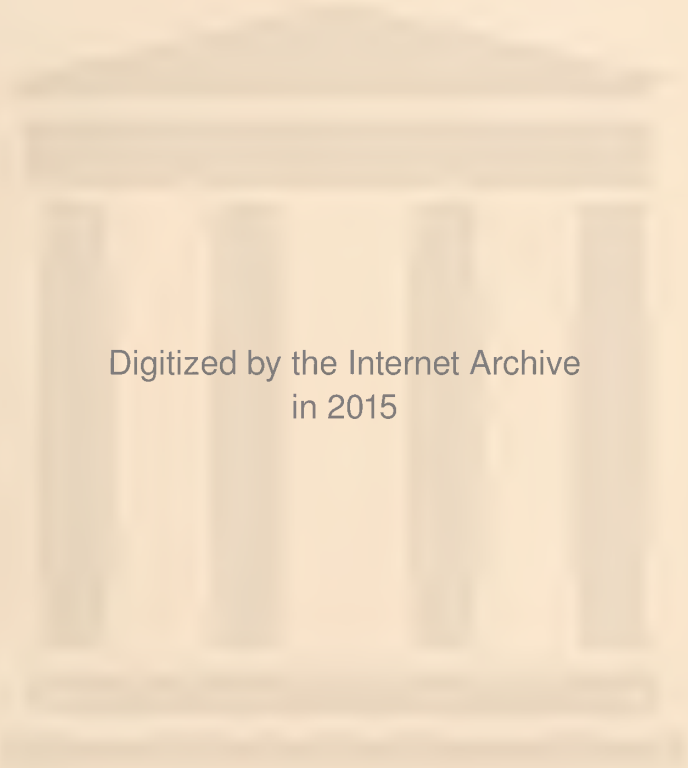

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Delaware State Medical Journal

The Official Organ of the Delaware State Medical Society, One of the Oldest Medical Societies in America. Published under the direction of a Board of Trustees appointed for that purpose

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A Prominent Delaware Physician

JOHN P. WALES, M. D.
Wilmington, Delaware

Delaware State Medical Journal

Alcohol and the Public Health

Address of the President, Dr. G. Frank Jones, delivered at the Annual Meeting of the Members and Fellows of the Medical Society of Delaware, at Lewes, Delaware, October 10th, 1911

Fellows of the Medical Society of Delaware:

In casting over the field for a suitable subject as a basis of some remarks on this occasion, many have suggested themselves to my mind, and I have been amazed to note the extraordinary advancements that have been wrought in our profession on all lines in one short generation, since I began the study of medicine in 1886. The progress on scientific lines is truly marvelous. On the other hand, concurrently with our scientific growth, the whole medical profession has become a new social factor in the community, and it is the fault of the individual physician himself, if he does not wield today an influence greater than that of an entire medical faculty or organization in the generations that are past. Let me here pause to say that I think we owe this influence largely to the splendid solidarity of the profession brought about by the American Medical Association, and the journal which it publishes, which, without doubt, is the best medical journal published in the English-speaking world.

The profession is more interested in county, state, and national governmental affairs, and all questions of public health, hygiene and morality than ever before.

We are none the less interested in cures, but the profession is more and more seeking to prevent the necessity for cures.

All will agree that there is nothing so important to any municipality, state or nation, as the public health. Whatever affects the individual health or efficiency, affects the public health. The medical profession today stands ready and able to safeguard the health interests of our country, and for this reason we ought to have a Department of Public Health in the Government, and a medical man in the Cabinet to advise the President and to give out information to the public at all times on health questions, and thus taking this important field from quacks. I do not think any

physician need hesitate a moment about giving all the information he can in non-technical terms, concerning any hygienic or health question, provided it is accurate and not of a character to advertise himself.

Municipal, state and national health boards, a united profession, and individual physicians are doing a great deal in the way of improving sanitary conditions, in lessening the spread and stamping out the many kinds of infection and contagion, and thus improving the public health. But in this battle for health and efficiency there is one thing, as it seems to me, that is largely overlooked, shunned or in some way neglected by the profession, and consequently a great breach is seen and felt in the results. It is one of the most vitally important unsolved problems in the world today; it costs the nation more misery and more lives than tuberculosis.

While with some, it *may be* unpopular, it is such a menace to the public health, and to me so glaring, that I have no apologies to make for taking as a subject,

ALCOHOL AND THE PUBLIC HEALTH.

Pharmacologists in recent works classify alcohol with such drugs as morphine, cocaine and chloroform, under the head of "Narcotic Poisons." This drug is used in this and many other countries in the form of brandy, whiskey, wines, beer, etc., as a beverage, and in the past generations was used almost exclusively as *the* stimulant, and *some* members of our profession today rely on it as the sheet anchor where stimulation for any cause is needed.

Dr. Benjamin Rush, of Philadelphia, perhaps the most noted physician of his time, prominent in civil as well as professional life, a signer of the Declaration of Independence, was pronounced in his opinions as to the evil effects of alcohol, both as a beverage and as a medcine, and in 1785 published a pamphlet entitled "An Inquiry Into the Effects of Ardent Spirits Upon the Human Body and Mind With an Account of the Means of Preventing and of the Remedies for Curing Them."

Closely following Rush were many prominent physicians who saw the ill effects of alcohol, and championed the prophylaxis of the diseases caused by this drug; prominent among whom I will mention the Warrens of Boston, Jameson of Baltimore, Didama of Syracuse, and Davis of Chicago. The number has increased, until now thousands of physicians all over the world, including such eminent men as H. A. Kelly, Berkley, Webster, Mason, Crothers, Waugh and Horsley, have discarded its use and are teaching the laity the direful results of its use.

In a recent issue of the Journal of the American Medical Association, the following article appeared:

LONDON LETTER.

(From Our Regular Correspondent.)

LONDON, June 4, 1910.

PHYSICIANS OPPOSE EVEN MODERATE USE OF ALCOHOL.

The tendency of recent years has been to limit considerably the field of the utility of alcohol, and the amount consumed in the hospitals is a mere fraction of that consumed a few years ago. From time to time manifestos on the alcohol question signed by numerous and influential members of the medical profession have been published for the instruction of the public. They have generally been against the use of alcohol. A manifesto has just been issued by 101 doctors in North Wales, of whom 34 are health officers, to the following effect: "Recognizing the very serious injury to the national health caused by the present-day extensive over-indulgence in the various forms of alcoholic drink; recognizing also that the habit of over-indulgence is seldom if ever suddenly acquired, but grows gradually out of what is considered to be a moderate use, and generally in the belief that such moderate use promotes health, increases the power of work, prolongs life; convinced moreover that this belief is a dangerous delusion, and one which prolonged observation and exact experiments of scientific men have conclusively proved to be so; we, the undersigned, appeal to all our medical brethren in North Wales to join us in an endeavor to discountenance the various popular errors that still largely prevail on this subject. We appeal to them especially not to give, or even seem to give, the sanction of their professional authority to any general employment of alcoholic drinks in cases of disease. We believe that these drinks are not necessary for the promotion of health; that they do not increase but on the contrary impair physical and mental efficiency, and that they do not prolong life."

We have reached a time of development in the world's history when the more intelligent of the general public are looking and calling to the physicians to make a more definite statement as to the physical effects on the human body and thus enlightening the public and taking a definite stand on this live question, help promote the prophylaxis of alcoholism and the many diseased conditions that are caused by even moderate use of alcoholic drinks.

Scientific research and experiments in recent years by Prof. Berkley, of Johns Hopkins University; Dr. Julius Friedenwald, Dr. Reid Hunt in the experimental labora-

tories of the government; Dr. Hall, professor of physiology in the Northwestern University, Chicago; Sir Victor Horsley, Drs. Hellsten, Frey and many others, have proved conclusively, that alcohol, when ingested into the system in large quantities, produces certain pathological changes which I want in part and briefly to enumerate.

VASCULAR SYSTEM.

Arteries.—The nuclei of the endothelial cells are swollen and fragmented and the cellular protoplasm undergoes certain retrogressive alterations. The changes in the muscular layer are even more marked, the cells themselves showing marked changes.

The intermediary vessels and capillaries show similar changes as the arteries being twisted and tortuous, having the appearance of being stretched, showing that the vessel walls are weakened. The veins, in addition to the changes in the other vessels, show that all the leukocytes within and without the veins are disintegrating and in many instances are completely destroyed. At times plugs, composed largely of the disintegrated cells, are formed, making back pressure which at times is sufficient to rupture the diseased vessel walls.

The heart action is gradually weakened by fatty deposits in the muscular walls, and a consequent dilation of this organ which may be sudden, resulting in sudden death, or it may be more gradual.

Drs. Bauer and Bollinger found in Munich, Germany, that one out of every sixteen hospital patients died of "alcohol heart." "Beer is a more dangerous enemy to Germany than all the armies of France," said Von Moltke.

Prof. Berkley, of the Johns Hopkins University, says: "The involvement of the nerve element is more gradual than that of the mesoblastic tissue and only becomes noticeable by present methods of staming and examination after the lymphatic channels are choked with the detritus of white blood corpuscles and other cellular elements. Nevertheless, the deteriorative action of ethyl alcohol on the nerve cells is apparent, and when prolonged in more moderate doses produces well defined cellular changes. It may be likened to certain other poisons, such as ricin or the toxalbumins, but the alcohol has a much greater destructive effect on the white blood cells, as well as the cells composing the blood vessel walls."

Then, alcohol instead of being a stimulant to the circulatory and nervous systems, acts as a sedative. Dr. Hobart A. Hare, of Jefferson Medical College, Philadelphia, in his

recent work on Materia Medica and Therapeutics, says: "Alcohol never acts as a true stimulant to the brain, the spinal cord or the nerves. . . . . Careful scientific research has proven that alcohol is in no sense a true stimulant to the circulation. Given in such a dilute form that it cannot act as a local irritant to the stomach, it produces no change in pulse rate or pulse force. In overdose it always acts as a depressant."

Dr. James Barr in an article entitled "Alcohol as a Therapeutic Agents," says, "Alcohol is not a food in the proper acceptation of the work, but is a sedative."

The liver is the most important gland in the whole body, is very vascular, and being intimately connected with the stomach it receives the alcohol as taken up by that organ diluted only by the portal blood. It is therefore early and easily affected, often causing cirrhosis accompanied by its chain of gastric, nutritional and mental symptoms. The action on the blood vessels is the same as in other parts of the body, except probably more marked. The first change in the liver cells proper is an enlargement and if the poison is continued, the cell protoplasm becomes transformed into fat globules, and the secretion of bile is seriously interfered with.

The fibrous tissue cells are not so easily damaged by alcohol, but if the poison is kept up for a long time they may be destroyed, resulting in the formation of scar tissue.

Anything that interferes with the work of the kidneys, being as they are eliminative organs, is disastrous to the whole system, by the retention of waste products and the escape of albuminous substances of the blood through the filter apparatus. The changes produced by alcohol are cloudy swelling, fatty degeneration, increase of fibrous tissue cells and ultimately a shrinkage in the organ.

Dr. Whyte said: "Liver disorders are probably in all cases prejudicially influenced by alcoholic beverages. Alcohol in moderate quantities irritates the kidneys."

Alcohol by irritating the mucous membrane of the digestive tract increases for a time the flow of the digestive secretions and may improve digestion, but sooner or later a catarrhal condition is set up, the membrane becomes hardened and digestion is markedly impaired.

Dr. Caille, Professor of Diseases of Children in the Post-Graduate Medical School and Hospital of New York, in his work on "Differential Diagnosis and Treatment," says: "Chronic alcoholism is sooner or later accompanied by tissue changes in different parts of the body. A chronic proliferative inflammation of the stomach, liver, blood vessels, heart

and kidneys may finally result. Cirrhosis of the liver is a diseased condition frequently due to alcohol. Amaurosis, neuritis, epilepsy, tremor, delirium tremens, and general paresis may result."

The late Sir Andrew Clark, physician to Queen Victoria, said: "More than three-fourths of the disorders in what we call fashionable life, arise from the use of alcohol."

It has also been conclusively proven that alcohol, by lowering the general vitality and paralyzing the phagocytes, rendering them incapable of protecting the body against microbic invasion, renders one more susceptible to tuberculosis, typhoid fever, or indeed any infection or contagion, and for the same reasons lessens the chances of recovery from any disease contracted.

Dr. William Osler, in his work on the "Practice of Medicine," says: "It was formerly thought that alcohol was in some way antagonistic to tuberculous diseases, but the observations of late years indicate clearly that the reverse is the case, and that chronic drinkers are much more liable to both acute and chronic pulmonary tuberculosis. It is probably a question of altered tissue-soil, the alcohol lowering the vitality and enabling the bacilli more readily to develop and grow."

Prof. William Welch, in referring to alcohol and disease, says: "The lowered resistance is manifested both by increased liability to contract the disease and by the greater severity of the disease."

Dr. Achard, of Asheville, N. C., after making an extensive investigation and careful study, says: "The general convictions thus prevail that alcoholism is distinctly a predisposing factor for the acquirement of tuberculosis by virtue of its enfeebling, paralyzing effect on the defensive apparatus of the organism and the general systemic resistance to infectious disease."

Sir Victor Horsley says: "In the case of illness such as blood poison and pneumonia it is proved that the alcoholic habit notably diminishes the power of the tissue to resist the invasion by these same organisms."

Dr. Anders, Professor of Medicine in the Medico-Chirurgical College of Philadelphia, in his recent work on "The Principles and Practice of Medicine," says: "Since alcohol is physiologically a poison and not a food, and essentially a drug and not a drink, the effects of its habitual ingestion are directly to produce degeneration of nearly all the bodily tissues and indirectly to increase the liability to many diseases by lessening the systemic power of resistance, thus favoring fatality from such disease."

Prof. Sedgwick, in his annual address in medicine at Yale University in 1908, said: "When one considers in detail the relation of alcoholic indulgence to disease, the numerous and important ailments of which it is the direct cause, to say nothing of the indirect influence on human misery and degeneracy one can hardly avoid realizing that it stands almost if not altogether in the front rank of the enemies to be combatted for health."

Scientific investigation has further proven that ultimately the same destructive process finally ensues whether alcohol is taken in large quantities or in smaller ones, and extended over a longer period.

I again quote from Prof. Berkley, of the Johns Hopkins University, when he says: "The effect of the drug is proportionate to the quantity administered, as well as to the duration of its poisonous action before death.

"Limited quantities continued over a considerable time accomplish in modified form, the same destructive results as higher doses acting during a few days."

When alcohol is taken into the system it dilates the superficial blood vessels and thus lowers the bodily temperature, consequently the efficiency of an individual using alcohol and exposed to cold is more or less impaired.

Dr. John Rae, an Arctic explorer, said: "The greater the cold the more injurious is the use of alcohol."

Sir James Ross said in reference to his voyage to the Arctic regions: "I was twenty years older than any of the crew, yet I could stand the cold better than any of them who all used alcoholic spirits. I entirely abstained from them. The most irresistible proof of the value of abstinence was when we abandoned our ship and were obliged to leave behind us all our wines and spirits. It was remarkable to observe how much stronger and more able the men were to do their work when they had nothing but water to drink."

According to government statistics, the annual consumption of alcoholic liquors in the United States is about two billions of gallons or a per capita consumption of more than twenty gallons. As many do not drink at all, the per capita for those who consume the amount above referred to, would be much more than twenty gallons. The cost of this, together with the loss of time incurred by reason of drink, means quite a financial loss and in thousands of cases, poverty.

Poverty in many ways is conducive to disease, hence alcohol in this way is responsible for many diseased conditions often resulting in death.

It has been shown in Great Britain that from twenty-

five to fifty per cent. of poverty is due to the abuse of alcohol.

Many of the fatal terminations from major operations in alcoholic subjects are indirectly due to this drug. Sir Frederic Treves, of Liverpool, is quoted as saying: "Having spent the most of my life in operating, I can assure you that the person of all others I dread to see enter the operating amphitheatre is the drinker."

We all acknowledge how much we dread and how guarded is our prognosis in an alcoholic individual who has typhoid, pneumonia, or any form of infection or contagion.

Life insurance companies have long since learned that the users of alcohol in any form or quantity are bad risks.

Eugene L. Fisk, M. D., Medical Director, Provident Savings Life Assurance Society of New York, has this to say:

"In recent years all life insurance companies have discriminated against the steady tippler and the periodical free drinker. As intemperate risks have usually been excluded, even for substandard or rated-up policies, there are no comprehensive statistics on this class. We do know, however, from the collective experience of thirty-three life insurance companies, extending over a period of thirty years, that accepted risks giving a history of former intemperance show a very high rate of mortality, about 36 per cent. above the normal average. As such risks are always critically examined before acceptance, the high mortality of this class, notwithstanding the precautions taken, should serve as a warning to those who think they can over-indulge in alcohol with impunity over a period of years, and then look forward to a quiet and healthy old age."

We learn from Dr. Crothers and other conscientious students of the subject, that at least 30 per cent. of insanity and 60 per cent. of idiocy and epilepsy are due directly to inebriety.

Experiments in many different countries have proven beyond a doubt that the use of alcohol decreases the capacity for both physical and mental work and lessens the general efficiency of the individual.

When we take into consideration what has already been said in reference to indirect cause of death, together with the many accidental deaths and those resulting directly from alcohol in such diseases as acute alcoholism, delirium tremens, alcoholic epilepsy, acute mania and alcoholic neuritis, it is safe to say that alcohol is responsible for more deaths than tuberculosis.

Dr. T. D. Crothers, Superintendent of Walnut Lodge Hospital, Hartford, Conn., who has made a life long study of this subject, estimates that from 10 to 20 per cent. of all

deaths are due to the effects of alcohol. Other authorities make estimates equally as high.

Alcohol, being narcotic in its action, like morphine and cocaine, soon produces a craving or thirst for repetition, and a habit is soon and easily formed. At first one drinks or not at will, but sooner or later the time comes when the habit is fairly formed, the appetite or thirst overcomes the will power, a repetition of this goes on until, as some one has said, it is not whether one "cannot" or "will not," but in which one "cannot will" to resist the desire for alcohol.

Authorities agree that we know now just when the transition occurs, but in the latter stages we have the alcohol inebriate.

In Dr. Anders' "Practice," page 1,255, we read: "I consider alcohol inebriety is a true disease." The inebriate left to himself is helpless, and hopeless, and the study of the scientific treatment of inebriety is both interesting and encouraging, but it is not within the province of this paper to enter into the curative treatment; for it would make a volume in itself.

It is surely a preventable disease and while we continue to wage war against tuberculosis, let us hit a blow at the demon that often prepares the soil and many times is the forerunner of tuberculosis. The question is how it can best be done. I think legislation has done much to prevent the wholesale drinking of alcoholic beverages, but as no law can long be maintained and enforced without an intelligent understanding of the real purport of the same, by its subjects, the hope of true temperance and the prevention of physical and mental deficiency, degeneracy, misery and premature death lies in education. And of all men, the physician is looked up to by the laity to teach them the true nature of alcohol and its effects on the human economy. Let us as individual physicians, as county societies and as the Delaware State Medical Society, look carefully into the more recent scientific conclusions, so that we will be able to give out the true information concerning this drug and thus promote individual and public health.

In closing I want to quote again from Prof. Sedgwick's annual address, where he says:

"Whatever may be the practices or prejudices of some of its individual members, the medical profession should stand for temperance as one great essential of public health.

"That there has been too much neglect of the matter in the past is all the more reason why the profession should do its full duty now and in the future."

Transactions

of the

Delaware State Medical Society

Held at Lewis, Del., on October 9th and 10th, 1911

REPORT OF THE HOUSE OF DELEGATES.

The following business was transacted on the above date at Lewes, Delaware, during the one hundred and twenty-second annual session of the Board of Councillors and the House of Delegates of the Delaware State Medical Society, those present being:

President, G. Frank Jones; Secretary, G. W. K. Forrest; Councillors, P. W. Tomlinson, James H. Wilson; Delegates, William Marshall, Jr., of Kent County; F. L. Springer, Frank Belville, Henry J. Stubbs, William H. Kraemer, H. W. Briggs, of New Castle County, and William P. Orr and Hiram R. Burton, of Sussex County.

On motion of Dr. Belville, duly seconded, the reading of the minutes was dispensed with inasmuch as they had been published in the Journal.

A short report of the Secretary dealing mainly with the financial condition of the society and the continuation of the State Medical Journal was accepted.

The following report of the Auditing Committee was accepted:

To the President and Fellows of the Delaware State Medical Society:

We, the undersigned members of the Auditing Committee of your society, beg leave to report that we have examined the accounts of the Treasurer and find the same correct, there being a balance in bank of $34.98.

Signed,

P. W. Tomlinson,
James H. Wilson,
G. W. K. Forrest.

The following report of the Treasurer was accepted:

Wilmington, Del., Oct. 9, 1911.

To the Delaware State Medical Society:

Gentlemen—Below is my report as Treasurer of the

society for the past year. It would seem to me that, from our small revenue, a demand of $300 for the Journal is too heavy and there are not now sufficient funds remaining to pay the expenses of tomorrow's meeting and your next Treasurer will have to draw on what should be the surplus for the coming year.

Respectfully,

SAMUEL C. RUMFORD.

TREASURER'S REPORT

Balance on hand October 1, 1910	$314.35
Dues from Sussex County Society	33.00
Dues from New Castle County Society	88.50
Dues from Kent County Society	30.00
Dover Bank dividend, January 7, 1910	17.50
Dover Bank dividend, July 5, 1911	17.50
Interest	5.35
	$506.20

To H. L. Springer, for Journal	$100.00
W. D. Stoops, hall rent	10.00
G. W. K. Forrest, postage	4.00
E. E. Hanna, catering	75.00
C. Orbann, cigars, etc	11.32
Crosby & Hill, ribbon	.75
Julian Robinson, printing	5.75
American Bonding Company	2.00
C. W. Van Artsdalen, stenography	16.00
G. F. Jones, one-half expenses to Chicago	36.40
Willard Springer, for Journal	100.00
Total	$471.22
On hand	34.98
	$506.20

Respectfully submitted.
SAMUEL C. RUMFORD.
Treasurer.

On motion of G. W. K. Forrest, seconded by James H. Wilson, it was decided that a per capita tax of $2.50 be the assessment from each County Society to the Delaware State Medical Society and that the Trustees of the Delaware State Medical Journal be allowed $200 for the coming year toward the expense of publishing the Journal.

On motion the Secretary was instructed to inform the Trustees of the Medical Journal that the House of Delegates would recommend the selection of Dr. Albert Robin as the editor of the Journal for the coming year.

On motion of H. W. Briggs, duly seconded, it was decided that all advertisements in the Delaware State Medical Journal shall be submitted to the Board of Trustees of the Journal who shall act as censors of such advertisements before publication.

On motion, the president of the State Medical Examining Board was selected as delegate to the Council on Education of the American Medical Association, and also to the Council on Legislation of the A. M. A. In case of his inability to attend he was authorized to appoint some member of the State Examining Board in his place.

On motion all bills approved by the Finance Committee were ordered paid.

On motion the program as prepared by the committee was adopted as the order for the one hundred and twenty-second regular session of the society on October 10, 1911, as below:

PROGRAM.

Call to order, 9 A. M., October 10th.
Prayer, the Rev. C. H. B. Turner.
Address of welcome, Hiram R. Burton, M. D.
Address of the president, G. Frank Jones, M. D., "Alcohol and the Public Health."
Report of Kent County Medical Society.
Report of New Castle County Medical Society.
Report of Sussex County Medical Society.
Report of House of Delegates.
Report of Committees and Delegates.
Report of editor of Delaware State Medical Journal.
Paper: "Gastric Ulcer," E. S. Dwight, M. D.
Paper: "Cholecystitis," L. S. Conwell, M. D.
Paper: "Hysteria," T. H. Davies, M. D.
"Presentation of a Case," R. B. Hopkins, M. D.
"Vaccination for Typhoid," William Marshall, Jr., M.D.
Other papers and cases.
Election of president.
Adjournment.

The following officers were then elected:

First Vice-President—Roland G. Paynter.
Second Vice-President—J. L. Crossmore.
Councillor—James Beebe.
Secretary—G. W. K. Forrest.
Treasurer—Samuel C. Rumford.
Trustee of the Delaware State Medical Journal—G. Frank Jones.

The following delegates were then selected:

American Medical Association—Hiram R. Burton.
Alternate—Luther S. Conwell.
Medical and Chirurgical Faculty of Maryland—Meredith I. Samuel, Robert Ellegood, C. G. Harmonson.
The Medical Association of New Jersey—William Marshall, Jr., James Beebe, W. H. Kraemer.
The New York Medical Association—Joseph W. Bastian, James S. Cobb, John W. James.
The Pennsylvania State Medical Association—J. A. Ellegood, L. A. H. Bishop, G. F. Jones.
The Delaware State Pharmaceutical Society—H. R. Spruance, W. F. Haines, J. P. Lofland.

The following were selected on the committees for the coming year:

SCIENTIFIC WORK.

J. A. Ellegood, Albert Robin.

PUBLIC POLICY AND LEGISLATION.

P. W. Tomlinson, G. W. Marshall, Hiram R. Burton.

MEDICAL EDUCATION.

Luther S. Conwell, Robert B. Hopkins, R. R. Tybout.

NECROLOGY.

W. H. Kraemer, L. S. Conwell, W. P. Orr.

The following names were selected to present to the Governor for his selection of members of the Delaware State Medical Examining Board:

H. W. Briggs, P. S. Downs, E. S. Dwight, L. A. H. Bishop, D. W. Lewis, H. J. Stubbs, H. G. M. Kollock, W. P. Orr, W. I. Haines, William Marshall, Jr.

On motion, Wilmington was selected for the next place of meetings on the second Tuesday in October, 1912.

On motion the House of Delegates adjourned.

REPORT OF THE SECRETARY.

The regular session of the Delaware State Medical Society at Lewes was attended by about thirty members, and convened at 9 A. M., October 10th, 1911, in the auditorium at Lewes, Delaware, the president, G. F. Jones, presiding.

After the opening prayer by the Reverend C. H. B. Turner, a most delightful welcoming speech was delivered by Dr. Hiram R. Burton. This was followed by the address of the president, Dr. G. Frank Jones, his subject being of much interest to all present from a hygienic standpoint.

The reports of the county societies' secretaries were then made and will be printed in full in the State Journal.

The report of the House of Delegates was read by the Secretary, G. W. K. Forrest.

The report of the delegate to the Council of Education of the American Medical Association was presented by Dr. G. Frank Jones.

The report of the delegate to the American Medical Association in Los Angeles was not received.

Dr. J. A. Ellegood, of the Committee on Scientific Work, made a most interesting report on recent progress along the line of scientific medicine, most particularly in regard to the effect of animal serums on the human being. This report brought about considerable discussion.

The chairman of the Committee on Necrology spoke of the deaths of W. F. Davis, of Dover; O. J. Gray, of Wilming-

ton, and J. W. De Witt, of St. Georges.

Each paper on the program was read by the author and followed by earnest discussion, arousing an unusual amount of interest. Each member present made pertinent remarks and suggestions, both instructive and useful.

In addition to the regular program, Dr. William Marshall read a paper on "Vaccination for Typhoid."

Dr. Robert B. Hopkins presented a case of carcinoma of the breast in an advanced stage.

On motion, duly seconded, the President appointed J. A. Ellegood, H. R. Burton and James H. Wilson a committee to appear before the State judges in regard to the regulation of fees, it being the feeling of the society that at least $25 a day should be paid for professional testimony before a court.

Dr. Frank L. Springer was unanimously elected President and made a short speech expressing his surprise and gratification at being chosen for the office.

After one of the most interesting meetings in the history of the society, an adjournment was taken and all proceeded to the Hotel Rodney where a bountiful dinner was served which was enjoyed by all.

Respectfully submitted,

G. W. K. FORREST,
Secretary.

New Men In the Field

WE WISH THEM WELL

Dr. W. H. Speer, 822 West St. Uni. of Pa., '10.

Dr. Elizabeth Allison, 1010 Delaware Ave. Woman's Med. Col., '09.

Dr. Bernard Jenkins, 2228 Market St. P. and S., Baltimore, '09.

Dr. Jerome D. Niles, Townsend, Del. Medico-Chi., '09.

Dr. W. M. Priest, P. and S. Hospital, City. Uni. of Md., '09.

Dr. G. C. McElfatrick, 812 W. Fourth St. Baltimore Medical, '09. Graduate Delaware Hospital.

Dr. Howard Simmons, Delaware Hospital. Jefferson, '11.

Dr. Frank Husted, Delaware Hospital. Jefferson, '11.

Dr. W. W. Woods, Concord Ave. Medio-Chi., '06.

Dr. Ben. F. Baer, Jr., 817 West St. Uni. of Pa.

Dr. Herman S. Miller, Ninth and West Sts. P. and S., Baltimore, '11. Son of Dr. W. P. Miller.

HOMEOPATHIC.

Dr. Henry Chandlee, 809 Washington St. Uni. of Md., '82.

Dr. J. M. Stadter, 1005 Adams St.

Dr. E. Rogers, 307 S. Jackson St.

Delaware State Medical Journal

Official Organ of the

Delaware State Medical Society

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1009 Madison Street

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VOL. III — DECEMBER, 1911 — NO. 1

The Delaware State Medical Journal will from now on appear under new editorial and business management. This change was made at the request of the former editor, Dr. H. L. Springer, who found himself too busy along other lines to devote the time to the Journal. We appreciate the compliment paid us by Dr. Springer in suggesting our name, and we shall strive to measure up to the expectations of our friend as well as the members of the Medical Society who saw fit to put us to the task of editing the Journal of one of the oldest State medical societies in the country.

THE VALUE OF A STATE MEDICAL JOURNAL.—The question may arise in the minds of our members as to the raison d'etre of a State Medical Journal. Surely, there are enough medical journals to satisfy the needs of the most exacting, and quite a few journals which are so superior to anything that we may publish that the very attempt to equal them, much less to replace them, would be like the performance of the bull-frog who tried his best to inflate himself to the size of the ox. However, no matter how splendid these journals are, they do not serve the local interests. Much as the interests of all the doctors are in common, there are special local interests which affect the doctors of a given locality. The conditions under which we practice in this State are different from those prevailing in another State; our medical laws are different; our medical problems are different; and even our doctors are just a bit different from those of other

States. These local interests require special expression which can find place only in a local publication.

While this journal is published by the State Medical Society, it shall exist for the benefit of all the doctors in the State, and will depend for its success on the good will and co-operation of every member of our profession. We solicit brief articles on medical subjects, personal items, and free expression of opinion on any subject of interest to our doctors. It is only by such help and co-operation that we will be able to make a real live Journal which will be welcome to the doctor's office and of which we will all feel proud.

THE ANNUAL STATE SOCIETY MEETING.—The last meeting of the Delaware State Medical Society was a disappointment from the standpoint of attendance. It seems that the get-together spirit is not cultivated as diligently as it should, and yet there is no other profession in which an exchange of views and the cultivation of the fraternal spirit are so essential not alone to the welfare of the profession, but the community as well. One reason for the small attendance is that the doctor now-a-days is afraid to leave his practice even for a day lest his competitor take advantage of his absence and "steal" a patient or family. It is sad but true that competition among doctors is assuming more and more a commercial aspect, with the slogan of "all is fair in love and business." How pleasant it is to picture a state of professional courtesy when one will feel secure in leaving his practice not only for a day but a week or a month, knowing that on his return his patients will be sent back to him by the fellow practitioner who happened to take charge of them during his absence.

WITNESS FEES FOR DOCTORS.—At the last meeting of the State Medical Society the matter of medical witness fees came up for discussion. It appears that the last Legislature passed a bill, leaving the medical witness fees to the discretion of the Court. It is now up to the Court to decide what is a proper witness fee for a medical witness. It stands to reason that the ordinary witness fee of one dollar per day is ridiculously low for a physician who may lose $20 a day while at court. It is foolish to talk about public duty in this connection. The doctor does enough of public service without receiving a red cent for it, and any extra work piled on him by the community is a cruel imposition. Every time a lawyer makes his appearance in court somebody pays his bill, and it is more than a dollar a day; and yet, the lawyer would be the first to scorn the doctor for not wishing to sacrifice his bread and butter *pro bono publico*. We take it, that these considerations of fair play actuated the passage of the

bill regulating the doctors' witness fees. Of course, when it comes to expert testimony, the doctor can dictate his own terms. It is perfectly proper and legal for a medical witness to refuse to express an opinion or give other expert testimony, unless he is paid an adequate fee. We have long, too long regarded our compensation as an "honorarium" and have been ashamed to introduce business methods into our calling. Now that we have discovered that if we do not look out for our interests no one will and that busy doctors often leave their families in want, it is time to throw sentiments to the dogs and assert our rights.

THE CLINICAL THERMOMETER A SOURCE OF INFECTION. —The danger lurking in a common drinking cup, the use of common utensils without previous washing, kissing and other means of contact is so universally recognized that it is a wonder that physicians persist in introducing undisinfected thermometers into the mouths of patients. It is obvious that a single rinsing in cold water will not remove the bacteria which have become adherent to the thermometer. This ablution therefore cannot possibly guard against the transmission of such diseases as scarlet fever, diphtheria, mumps, measles, cerebro-spinal meningitis, infantile paralysis, small pox, whooping cough, typhoid fever, tonsilitis, coryza, pneumonia, plague, influenza, tuberculosis, syphilis. Dr. Beasley (Jour. American Med. Ass., Oct. 21, 1911), calls attention to this danger and adduces experimental evidence to prove its reality. He recommends that physicians keep their thermometer immersed in a solution of formaldehyde. A few drops of formaldehyde dropped into the thermometer case every day will be found sufficient to keep the thermometer sterile.

PUBLIC HEALTH IS FORGING AHEAD.—In response to a popular interest in matters pertaining to public health even daily newspapers have taken up the popularization of medical subjects. A very interesting series of articles on "The Public Health," by F. J. Haskin, has been running through the "Every Evening." True, they followed the articles on the moving pictures, but to be next to such an absorbing topic is already a sign of gaining popularity. Who is back of this public health movement? The doctors.

A NEW "PATHY."—The quacks have a brand new "pathy" to contend with. It has been launched under the name of Naprapathy. The essence of this fake is that all diseases originate from some abnormal condition of the liga-

ments. The abbreviated title is D. N., which should read D—n Nuisance.

Medical Progress

THE THERAPEUTIC VALUE OF TUBERCULIN.—Pettit, of the Ottawa Tent Colony, found that of 2,841 patients treated with tuberculin there were 1,932 cured or benefited from one to seven years, of 68 per cent. In the 19,349 not treated with tuberculin the number cured or benefited was 9,614, or 50 per cent. This shows an advantage of 18 per cent. in the tuberculin-treated group. In the moderately advanced stage the tuberculin treated patients show a marked advantage.

THE RELATION OF BLOOD-PRESSURE AND PULSE-RATE IN PNEUMONIA A VALUABLE PROGNOSTIC SIGN.—According to Hare, the favorable ratio in croupous pneumonia is one in which the pulse-rate per minute is less than the number of millimetres of mercury as shown by the sphygnomansmeter. If the pulse rate is 90 and the blood-pressure 120, the patient is doing well. If the pulse-rate is 100 and the pressure 110, he is not so well. If the pulse-rate is 120 and the pressure 110, the patient will probably die unless active treatment causes him to rally.

In view of the fact that ergot is employed in emergencies, it is quite necessary that the preparation used should be of maximum potency. Unfortunately, many preparations of ergot on the market have been found below standard and some almost worthless. This is due not so much to any fraudulent practice on the part of the manufacturers as to the fact that ergot deteriorates with age, and in time becomes practically inert. Edmunds and Hale obtained the following results from an examination of various extracts of ergot on the market. Their standard is the amount required to produce cyanosis of a cock's comb.

Spanish ergot	5 parts
Cornutol (H. K. Mulford Co.)	5 "
Russian ergot	6 "
Nelson, Baker & Co., fluid extract	6 "
Ergone (Parke, Davis & Co.) sample 2	8 "
Wyeth purified ergot	8 "

Parke, Davis & Co., sample 2, fluid extract. 9 "
Sharpe & Dohme, fluid extract.....10 "
Ray Chemical Co., fluid extract.....11 "
Ergotole (Sharpe & Dohme).....15 "
Parke, Davis & Co., sample 1, fluid extract.20 "
H. K. Mulford, fluid extract.....20 "

It would appear, therefore, that no preparation of ergot should be used unless the potency and date of preparation are stated on the label. The employment of old fluid extracts which had been exposed in large containers for months and even years is useless waste of time and money.

It appears from investigation conducted by the American Medical Association chemists that some of the preparations of quinine tannate, which is tasteless and therefore well adapted for administration to children, are below standard. Of four brands examined three contained about 30 per cent. of quinine. These were the products of the New York Quinine and Chemical Works, the Brunswick Chemical Works, and the Powers-Weightman-Rosengarten Company. One Merck brand contained only 9 per cent. of quinine and was bitter.

Tr. Strophanthus should not be prescribed in mixtures containing water, as it slowly forms a toxic substance when in watery solution.

In administering thyroid extract it should be remembered that it may induce nervousness, insomnia, tachycardia and even exophthalmic goitre.

Motor News for Doctors

In this column such items pertaining to the automobile as will be of interest to the doctors will be published. Brief communications from auto owners relating to personal experiences with various cars are solicited.

The official score of the standing of the teams in the

contest for the Glidden trophy were as follows:

Team. Cars.	Points Penalized.
No. 1—Tarrytown, three Maxwells	0
No. 2—Atlanta No. 2, three Stevens-Duryeas	19
No. 3—Jacksonville, three Cadillacs	23
No. 4—Atlanta No. 3, three Fords	125
No. 5—Live Oak, three Cadillacs	279
No. 6—Nashville, three Marathons	509

The individual contesting cars with perfect scores were:

No. 1, Maxwell, U. S. Motor Company; No. 2, Maxwell, U. S. Motor Company; No. 3, Maxwell, U. S. Motor Company; No. 4, Maxwell, Governor Hoke Smith, of Georgia; No. 11, Stevens-Duryea, C. H. Johnson, Atlanta; No. 19, Mitchell, L. C. Brown, Athens, Ga.; No. 32, Cadillac, Claude Nolan, Live Oak, Fla.; No. 39, Stevens-Duryea, C. W. Wheatley, Americus, Ga.; No. 49, Cadillac, W. P. McNeil, Jacksonville, Fla.; No. 44, Ford, E. M. Willingham, Atlanta; No. 45, Ford, I. O. Teasley, Atlanta; No. 48, Cadillac, R. S. King, Arcadia, Fla.; No. 49, Columbia, Athens Motor Company, Athens, Ga.; No. 54, Flanders, Studebaker Corporation, Detroit.

Cash prizes of $200 each were given to the winners in the seven class divisions of cars in the tour. Where two or more cars are tied the prize is divided. The winners are as follows:

Class 1—No. 54, Flanders; No. 44, Ford, and No. 45, Ford.

Class 2—No. 26, Mitchell.

Class 3—No. 1, Maxwell; No. 2, Maxwell; No. 3, Maxwell, and No. 4, Maxwell.

Class 4—No. 40, Cadillac; No. 48, Cadillac, and No. 32, Cadillac.

Class 5—No. 19, Mitchell.

Class 6—No. 11, Stevens-Duryea; No. 39, Stevens-Duryea, and No. 49, Columbia.

Class 7—No. 5, American.

Dr. Pearson had an unpleasant experience with a Washington street car. The trolley car was turning the corner of Washington street and Delaware avenue, outbound on Washington street. Dr. Pearson was unable to stop his car in time to avoid a collision. The auto lights were smashed and the front axle was badly twisted. The trolley was unscathed.

Dr. Willard Springer, the owner of a surrey Mitchell,

recently purchased a 1911 Hupmobile. He believes that the saving in tires, gasoline and oil will soon pay for the car. He intends to keep both machines.

Dr. P. R. Smith traded his new roadster Maxwell for a 1910 Overland. His objection to the Maxwell was that he experienced difficulty in keeping parts from shaking loose.

Dr. H. G. M. Kollock purchased a 25 roadster Mitchell. He has been driving the Mitchell for the past two years and found it satisfactory.

Chauffeurs were desperadoes who roamed in the great grain-producing regions of La Beauce, France, in the early nineteenth century, and who committed various crimes. The origin of the modern chauffeur is thus explained.

There are twenty-six physicians in Wilmington who are owners of motor cars. The number of doctors using them throughout the State is not definitely known.

Public Health

Under this heading will be included items of interest concerning activities of the Boards of Health, hospitals and other institutions insofar as they are related to health and hygiene.

At a recent meeting of the Wilmington City Board of Health, Dr. Cleaver, who presided over the meeting, called the attention of the board to the failure of some of the garbage contractors to have garbage collections properly made. He said that in spite of the efforts of the board to have the work properly attended to, there were still a great many complaints against some of the contractors, mentioning in particular A. G. B. Anderson, who, he said, also fails to keep in touch with the board, as to whether collections on his district are being properly made. Since October 16, he said, Anderson has had 36 complaints lodged against him; Daniel McCormick, 47; Charles H. Colburn, 14, and John W. Thompson, 0. The board commented favorably upon the fact that Contractor Thompson has no complaints against

him and said also that McCormick was trying to have his work done properly though he has a very large district.

At a recent meeting of the Board of Health a communication was received and read from the Consumers League in which a vote of thanks was extended to the board for its efforts in behalf of the health and welfare of the citizens of Wilmington. The board authorized a reply sent to the league acknowledging the receipt of the letter and thanking it for its courtesy in extending the vote. The letter follows:

To the President and Members of the Board of Health:

DEAR SIRS—The members of the Consumers League of Delaware have watched with the greatest interest your efforts during the past summer to uniform conditions on the street markets and meat stores of the city and to do away with the unsanitary conditions arising from the carelessness of ash and garbage collectors. We feel sure that your interest and diligence in the matter have accomplished much.

Public sentiment was aroused, and on every hand an effort was made by the butchers and farmers to satisfy the new demands for cleaner and more sanitary food.

At the last meeting of the Consumers League an unanimous vote was passed that our Board of Health be thanked most heartily for the splendid work that they have done in behalf of the health and welfare of the citizens of Wilmington.

Very truly yours,

DOROTHY VANDEGRIFT,

Corresponding Secretary, Consumers League of Delaware.

Dr. A. E. Frantz, registrar of the State Board of Health, reports that the number of diphtheria cases in and around Lewes is on the decrease, but that there are some cases of scarlet fever in and near Delaware City and St. Georges. Other than these cases the general health of the State is very good.

The Phoenix Fire Company has established an automobile ambulance service. The auto ambulance is very attractive and is giving satisfaction.

A friend of the Homeopathic Hospital, whose name is withheld, has just completely equipped a laboratory, a room on the first floor of the new building having been set aside

for this purpose. This is a most timely gift, as it has been absolutely necessary to have a laboratory since the installation of the interne, Dr. Golding.

Hope Farm has established an open air school for children with a tendency to tuberclosis. Owing to lack of room only six pupils could be accommodated.

Physicians Report on the Sanitary Conditions at the New Castle County Workhouse.

The committee of six physicians named by the workhouse trustees to inspect that prison and report on their findings, yesterday submitted their report to the trustees. It follows:

Wilmington, Del., Oct. 27, 1911.

To the Honorable, the Board of Trustees of the New Castle County Workhouse.

Gentlemen:—Having been requested by your secretary to investigate conditions at the workhouse, suggested by the criticism appearing in the press of our city and elsewhere, and further to recommend such changes as may to us seem expedient, we hereby submit the following report:

Your honorable body not having specified any particular condition to investigate, or course to pursue, and having selected physicians only to make this investigation, we have restricted our work to the consideration of the health of the prisoners and the sanitary conditions of their environment.

In our visits to the various departments we failed to find any evidence of uncleanliness on the part of the management but in some of the cells individual carelessness on the part of the occupant was to be observed, and in the tuberculosis hospital as hereinafter noted.

While we found no vermin, we do not doubt from the prevalency of the same, the difficulty that such institutions have with these pests, and the environment of criminals previous to their prison life, that at times they may be present.

Criticism has come to our notice of certain unfavorable conditions obtaining in the workshop, viz: of the open toilets, the unsanitary condition of the cuspidors, the overcrowding and the insufficient ventilation. We deem the open closets absolutely necessary for proper discipline, and we do not find any unpleasant odors coming therefrom. The cuspidors which are necessary to the users of tobacco, we found as clean as could be expected under the circumstances, having careful daily attention. The atmosphere in the shop was

apparently pure, but in consideration of the size of the room and the number of men employed therein, we feel that with weather such as to prevent the windows being kept sufficiently open, the air would become vitiated. In our conversation with the prisoners, some of them complained of being chilly then, although the outside temperature was moderate, which shows how difficult it is to maintain proper ventilation, and at the same time keep the prisoners comfortable. This same condition prevails in the corridors adjacent to the cells. We learn from the management that there is a great deal of complaint from the prisoners about having their windows open while in their cells.

Modern teaching and method of combating disease insist upon open windows while sleeping, and we would recommend that sufficient underwear be furnished to permit ample ventilation in the workshop in all kinds of weather, and bed clothing sufficient to allow open windows during sleeping hours. With these precautions the present danger from overcrowding would be obviated .

We observe some whitewashed walls. We deem this unsanitary, because the germs of disease cannot be destroyed by covering them up, neither can the walls be properly cleansed.

The air-shaft for cell ventilation seemed to us to meet the requirements.

The question of food was carefully considered. Your committee was present at the preparation and serving of two meals on different occasions, and found the food ample and the quality good.

We recommend, however, that some plan be instituted whereby the coffee, soups and vegetables may be served hot; the need of this being suggested by the prisoners and verified by our own observation.

The contention "that the difference between nine cents per day for the food of the prisoners, and thirty-five cents for that of the guards is an injustice," will not hold so long as the quality and quantity of food is sufficient for the proper sustenance of the prisoner, and we saw no evidence to the contrary. There was very little left on the plates when meals were finished.

The criticism that many of the prisoners were suffering from scurvy proves to be without foundation—not a case being found.

The silent system, which has been referred to, is as we observed it, not detrimental to the health of the prisoner, and seems to be necessary for proper discipline and the comfort of the majority of the inmates. In the workshop this rule is not rigidly enforced.

From a medical standpoint, daily exercise in the open air we deem a necessity. Finding no provision for the same, and appreciating that our institution is comparatively new, our report has been delayed that we might ascertain what is being done elsewhere. After considerable correspondence and inquiry we learn that open courts are being built in connection with new prisons generally, and that the old ones are fast adopting them. We are pleased to learn that this improvement has, for some time, been contemplated by you. We, therefore, recommend that as soon as possible such an enclosure be constructed, as an important step in preventing tuberculosis.

From the Board of Health records we find that there occurred in the workhouse in the last ten years, 40 deaths from tuberculosis out of a total of 65 deaths from all causes, we have been unable to determine to our satisfaction how many of these had the disease when admitted, no record of examination being made at that time. Of these 40 deaths, .38 occurred among the colored prisoners. We are confronted with the fact that notwithstanding the general mingling of the whites and blacks, with equal opportunity for contracting the disease, only two whites have died and no cases now in quarantine, while there are five blacks in the tuberculosis hospital, the proportion of white to black prisoners being 1 to 2.

From the well known tendency of the black race to develop this disease, together with their unfavorable environment prior to incarceration, it would seem that a majority of those affected brought the affection with them, a good proportion of whom might have resisted further development of the disease had they not been placed in confinement.

The unfavorable conditions obtaining in the Tuberculosis Hospital, as hereinafter referred to, result from the lack of a proper attendant, and such an attendant is not possible under present conditions. The patients are not capable of looking after themselves or each other, and sick as they are, it is wrong that they should be required to do so. To require a healthy prisoner to do this work is objectionable for two reasons, to wit: exposure to infection and lack of training.

The proper methods of treating and preventing the dissemination of tuberculosis necessitates some radical changes. It is imperative that every prisoner undergo a thorough physical examination, and that all hereafter admitted be subject to the same, including a sputum examination when possible, as soon as practicable after admission, and that a record be kept of the same. All those found to be tubercular should be isolated, should be in charge of a

competent attendant, should be on a different diet from the average prisoner, should be compelled to use the regulation sputum cup and to live in the open air.

To accomplish this we recommend that a tuberculosis hospital in the form of a separate building be erected, that it may be so constructed that the incipient and advanced cases may be separated, and that the attendant or attendants shall be amply protected. It seems to us practical that this might be done at the minimum expense, and sufficiently near the present buildings to utilize existing drainage, etc., and at the same time be under the supervision of the warden.

In this connection we also recommend that wherever a tubercular prisoner is dismissed, a report be made to the secretary of the Delaware Anti-Tuberculosis Commission of said dismissal, with address of the individual, so that a nurse may visit the home of same and leave instruction looking to the prevention of further dissemination of the disease.

Respectfully submitted,

HARRISON W. HOWELL,
JOHN PALMER, JR.,
IRVINE M. FLINN,
J. PAUL LUKENS,
WILLARD SPRINGER,
P. W. TOMLINSON.

Between Ourselves

Dr. F. Pierson has had an unfortunate experience from illness in his own family, Mrs. Pierson and two of the children having suffered from diphtheria. One of the children had a severe attack of the same disease six years ago. By the prompt use of antitoxin the attack was kept under control and all made an uneventful recovery.

Drs. O'Day and Harbordt were recently fined heavily for prescribing whiskey and gentian contrary to law.

Dr. J. Carrow, of Odessa, purchased the Hickory Grove farm of 122 acres for $8,250.

Dr. H. Chandlee, of Baltimore, announces that he has opened offices at 817 Washington street, for the exclusive practice of gynecology and abdominal surgery, radiography and radiotherapy.

Dr. McKay, who has been ill at the Delaware Hospital, is improving.

To the Physician Who wishes to be well and correctly dressed "THE MEN'S SHOP," 835 MARKET STREET, will especially appeal

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DR. HAROLD L. SPRINGER, Secretary
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Medical Progress

Public Health

Between Ourselves

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We do not presume to say how long these preparations will keep. We have had preparations returned to us after two or three years which were entirely satisfactory for use, and, on the other hand, a considerable deterioration has occured in less than one year. We believe, however, that liquid preparations of these drugs will remain satisfactorily active for at least a year; if they are kept in a cool place, tightly stoppered and protected from the light.

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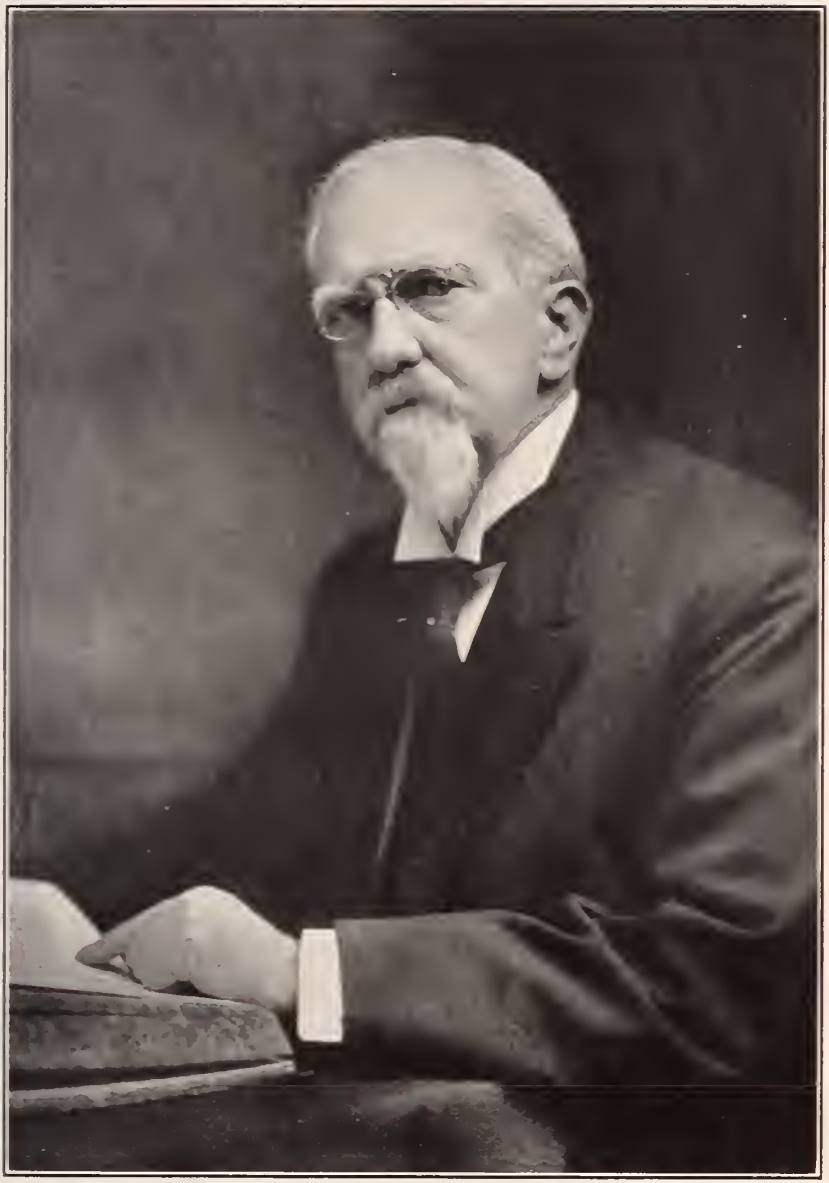

EVAN G. SHORTLIDGE, M. D.

Dr. Evan G. Shortlidge, one of Wilmington's best known physicians, was graduated from the University of Pennsylvania in 1869. He was Mayor of Wilmington 1893-1895. He is at present President of the Board of Public Education. To this office he was first elected in 1874, and served until 1876. He was re-elected in 1897, and has served continuously since.

Delaware State Medical Journal

Original Papers

Cholecystitis*

By L. S Conwell, M. D

Inflammation of the gall bladder is generally supposed to be of several different types, due to as many different causes, differing greatly in importance, character of suffering and results of treatment. And yet all of them differ rather in exciting than in predisposing causes, in degree or stage of the process rather than in real etiology. The victim of simple catarrhal inflammation of the present is likely to merge into a case of infectious, suppurative or calculous cholecystitis of the future. In fact a case of simple catarrh of the gall bladder or of its ducts is merely a weather vane which shows that the troubles of the patient are blowing liver-ward. Catarrhal cholecystitis is generally ascribed to some recent indiscretion in diet or exposure producing sluggish liver action, which is forgotten in a few days and is considered a passing bilious attack. Yet most likely there was a thickened or inspissated condition of the bile, the beginning of that faulty composition of the bile, which disposes it to fail to hold in solution its salts and soluble solids. The predisposing cause had been in operation for an indefinite period of time. The diet had not been right, and is not likely to be unless the archaeologists in their excavations in Bible lands, happen to discover in the culinary department of some anti-diluvian patriarch a cook book which would disclose what to eat so as to elaborate bile that did not contain an excess of solids. The heat of our food combustion has evaporated somewhat the liquid constituents of the bile, leaving the same amount of solids to be held in solution by the smaller amount of liquid which it fails to do, just as there will occur a precipitation of any salt when it is in excess of a saturated solution. Hence begins the gravel in the gall bladder, for this term would seem to be as applicable to this viscus as to the urinary bladder. The continuation of this process eventuates in concretions or stones in the gall blad-

*Read at the meeting of the Delaware State Medical Society, Oct. 10, 1911.

der, too large to pass through its ducts, and they remain either imbedded in them producing their attendant troubles or, acting as foreign bodies, set up calculous cholecystitis, suppurative or ulcerative conditions.

On account of the presence in the gall bladder of various bacilli, notably the typhoid and colon bacilli, it is claimed by some that these constitute the etiology of infectious cholecystitis. But is it not questionable whether they will inaugurate inflammatory action out of their normal habitat? It seems likely that the prolonged fever through which the patient has been passing has had somewhat the same evaporating tendency on the bile that in the catarrhal form we claim was produced by the oxidizing process of digestion, that their presence is a mere coincidence, that they are inocuous, that the cholecystitis was produced by the fever rather than by the germ of the fever. They only contribute their dead bodies to the detritus and thickening of the bile, perhaps forming nuclei for the accretions, but surely it does not look plausible that they should increase the amount of cholesterine and bilirubin calcium, the chief constituents of calculi. It seems far more likely that the increase of the solids comes from the liver end of the bile factory rather than from the intestinal end, and that the loss of proper relation between the solid and liquid constituents of the bile was produced in the manufacture of the bile rather than after it has reached the gall bladder. Whether the primary derangement be catarrhal or infectious they both tend to produce cholelithiasis and the presence of the sand and stones in the bladder sets up calculous cholecystitis, and the trouble is fully inaugurated with all its attendant symptoms and suffering due to inflammation.

The most constant and distressing symptom of the attack is pain. And by attack we mean the forcing through inflamed ducts of a calculus. But if the bladder is inflamed, pain will be occasioned of a milder type, merely in its spasmodic action in forcing bile out on account of its contraction on its contents. The degree of pain varies greatly from the gnawing, sickening soreness of passing bile and gravel to the lancinating, agonizing torture of the inflamed gall bladder forcing a perhaps jagged calculus through an inflamed duct. Not every attack of pain means the passing of a stone, and conversely not every stone produces pain, unless there is inflammation. Accompanying the pain of a severe attack there are rigors, slight fever, nausea, vomiting, perspiration and restlessness. The pain is so severe as to make the patient clamorous for relief. One man told me when I told him I must go to my office for my hypodermic, "to bring along a pistol also in case the hypodermic failed to relieve." The lo-

cation of the pain is two or three inches to the right of the median line at or near the margin of the ribs, the right hypochondriac region, radiating through to the back and under the right scapula. The time of the pain (of the milder attacks generally) is rather important from a diagnostic standpoint, coming on when the stomach digestion is about completed and when the food enters the duodenum and is ready for the action of the bile, say two or three hours after eating, or when the gall bladder contracts in order to contribute its contents and function in the digestive process. The length of the seizure varies greatly, from a few moments to hours and even days, dependent upon the size of the engaged calculus, and the patulency of the ducts. Jaundice is quite a frequent symptom, generally transitory, but in case of infarction in the common duct resulting in its occlusion, this symptom becomes permanent. But in the ordinary run of cases it comes on during the attack if it lasts two or three hours, and passes off a few hours afterward. It does not occur in over 50 per cent. of cases and confirms diagnosis when present. The frequency of the attacks is another question which we are unable to predict. All the way from one seizure producing suffering for a few hours, to prolonged spells or periods of time when the pain and vomiting occur almost every time food of any kind is taken. These cases exhibit every phase of gall bladder trouble, from the growling, gravelly soreness and discomfort, to the obstructive jaundice, and alarming emaciation, making life not worth the living. And yet from a prognostic standpoint the outlook is not so bad as to life. But this is not much consolation to the patient, for when I told one that it would probably not shorten her days she replied that it greatly lengthened her nights. The last stone does sometimes pass and the patient resumes usual health for years. Not every case of cholelithiasis produces cholecystitis. Sometimes the gall bladder can be full of calculi without producing much suffering or disarrangement of health. One case has been under personal observation for fifteen years, with only a few attacks of pain.

On account of the thinness of the abdominal wall the gall bladder was easily palpable and there was not much more sensation about it than about a boy's pocket full of marbles. This was one of the rare cases in which there was no inflammation, and, probably, in which the calculi were too large to become engaged in the duct, yet in the first attack in which I attended her she was in agony, except for morphine narcosis, for three days and nights, until a calculus five-eighths of an inch in diameter was passed and found in the dejecta the next day. She had been having attacks rather

frequently before that , and either rightfully or wrongfully, ascribed her relief and recovery to the treatment. And this treatment was one ounce doses of olive oil three times a day, kept up for a year and resumed whenever she had the slightest symptoms. She was kept comfortable, as several others have been, by the same agent. It is claimed by many that there is no virtue in this remedy. Its action does not seem to be in effecting a solution of the calculi, as much as in effecting a greater tolerance of the gall bladder for their presence by reducing the inflammation. According to the theory that the main function of the bile is the emulsification of the fatty portion of the food, it seems reasonable that oil should act as a billiary stimulant, and if the flow of bile is increased, the same amount of bile acids and salts, cholesterine and bilirubin is diluted in a greater quantity of the liquid constituents of the bile, rendering it less irritating to the inflamed interior of the gall bladder and ducts, just as we give alkaline diuretics in cases of acid cystitis in order to render the urine less irritating to the bladder. If it establishes greater tolerance by reducing inflammation it will also lessen the severity of the pain when calculi do pass, for pain depends largely upon the amount of inflammation. In two cases at least it has reduced the pain to such a degree as to have enabled us to obviate the use of morphine for three or four years last past. This is of itself helpful, for morphine in billiary colic is not an unmixed blessing. If it dries up the secretions of other glands it also dries somewhat the secretion of the liver; and anything that has a drying effect upon the bile should, if possible, be avoided. It seems unfortunate that the only remedy that does any good should do harm. We have a good substitute in inhalations of chloroform, if time permits, used about as it is in labor. The further drug treatment consists of the aperient sodium salts, notably the sulphate and phosphate. The latter is considered by some a hepatic stimulant, but the modus operandi is obscure. Perhaps the water in which it is dissolved adds to its efficiency. At any rate, a plentiful use of drinking water is advisable. Ox gall is useful in furnishing to the alimentary canal the best substitute for human gall when there is jaundice of the obstructive type. Very gratifying results are sometimes obtained by its use. The question of diet must be settled in each individual case. Some writers say, avoid fats in the food, and yet advise it as a remedial agent. Where is the consistency? Fats are as likely to be wholesome as lean meats, and according to the above theory should be persisted in for their stimulating effect on bile secretion. Oil is food as well as medicine, furnishing a concentrated digestible and assimilable form of food at a time when nu-

trition is a troublesome question. And if the patient cannot be kept within reasonable bounds of suffering by it, the surgeon had better be asked to exercise his beneficient skill, and in nine cases out of ten the result will be most gratifying; but such severe operations should not be resorted to unless the attacks are severe and frequent and the general vitality is becoming impaired. Just when to say operate is a most troublesome question to the family physician.

Transactions

of the

Delaware State Medical Society

Held at Lewes, Del., on October 9th and 10th, 1911

Reports of the County Societies

Report of the Secretary of the New Castle County Medical Society.

Gentlemen: The New Castle County Medical Society has been carrying on its work of unifying and elevating the medical profession of our county under the same difficulties as in the preceding years, and with varying success. It is self-evident that petty jealousies, inequality in training and ability and the ever-increasing struggle for existence with frequent encroachments on each other's practice should introduce such discordant elements as to make unification of the profession an extremely difficult task. It stands to reason that some of the older practitioners with the inadequate training of the early days should look askance at the younger man just out of college who is full of up-to-the-minute theories and practices in medicine; that the younger practitioner should regard with some envy and bitterness the preference on the part of the laity of the self-same older physician who would not know a side-chain theory if it were stuck before his nose, who could not recognize an opsonin if his life depended on it, who cannot diagnose some obscure disease of the pancreas nor make a post-mortem examination, but who through long years of experience has acquired the tact and skill to relieve the patient's symptoms, by whatever means is immaterial, and thus gain the blessings and love of his grateful patients. It is also to be expected that among the younger men the difference in training, ability

and financial success should create resentment on the part of the losers in the race who naturally regard themselves as good if not better than the winners. It is, indeed, unfortunate that the overcrowding of our profession together with the economic evils of our present day civilization have determined this race for preferment in which each becomes an opponent with the success of one often depending on the failure of the other.

The aim of the County Society is to bring together and harmonize the discordant elements. The older practitioner brings into the society his sane conservatism and long practical experience, and gets back some of the enthusiasm of the younger men with the college atmosphere still emanating from their very beings. The men who in the rush have been treading on each other's toes get acquainted and friendly, and a fraternal spirit leads to fair play. One does not particularly care what happens to a stranger, but one hates to injure a friend. The banding together of men with common interests enables them to present a united front to the enemies of whom there are many,—the quacks, the faddists, the cults, etc., who one and all prey on the fickleness and credulity of the people and try to undermine the prestige of the medical profession. This aim the New Castle County Medical Society has held before it as the guiding spirit. We have endeavored to make our meetings interesting so as to make it worth while for one to sacrifice a call or two. We have brought men together who were strangers before, and we are witnessing the gradual development of a fraternal spirit which will eventually transform "the house divided in iself" into one harmonious family. If any one doubts this let him attend the meetings of the "Post-mortem Club" following our regular monthly meetings, and behold our members around the festive tables The old college days and the college spirit come back to one's memory as he listens to the banter, the jokes, the stories brimful with cheer and good willl The "shad dinner" is another occasion for a reunion of our fraternity, and the annual treat by the president still another; and thus we are gradually breaking down the barriers which kept our doctors apart.

Unfortunately only a comparatively small number of our members are taking advantage of the good and sweet things we have to offer. Of the sixty-three members in good standing only about twenty attend our meetings. We would like to have more, we would love to have them all, and the great and important problem which the officers of our society are trying to solve is how to get them all in We sincerely hope to be able at our next meeting of the State So-

ciety to report decided progress towards the solution of this all absorbing problem. "We are marching on!"

Respectfully submitted,

A. ROBIN, *Sec'y.*

Motor News for Doctors

Dr. Kraemer gives the following items of expense of maintenance of his baby (Maxwell):

Gasoline	$ 4.80	per month
Oil	.45	" "
Tires	5.59	" "
Inner tubes	.50	" "
Repairs	1.66	" "
Storage	8.00	" "
Total	$21.00	

If to this is added the cost of overhauling once a year, the monthly expense will amount to $25.00, and including depreciation, $37.00.

Dr. W. Lewis, of Middletown, sold his Mitchell for $400 after traveling 20,000 miles. He has had no trouble with the car.

An innovation which may revolutionize selling methods in the automobile business, has just been announced by the Studebaker Corporation, the $45,000,000 concern which manufactures E-M-F "30" and Flanders "20" automobiles. This is, in a word, that hereafter the Studebaker Corporation will sell automobiles on time—will accept notes from farmers and other responsible buyers, for its product.

Speaking of the move and its bearing on the future of the automobile industry, General Manager Walter E. Flanders, says: "I believe the automobile business should be placed on a credit basis and I think it will prove to be the most important advance that has been made in the automobile industry since its inception. It indicates that the automobile has now arrived at the stage where it is no longer a high priced luxury, but has actually become a necessity in the lives of all business men and other well-to-do people."

A rule to which there should be no exception is, "Never start the engine when the car is standing over gasoline." Frequently when filling the gasoline tank some of the fluid finds its way to the ground, either from overfilling or because of carelessness in pouring into the filler hole or funnel. To start the engine above this overflow is to invite serious trouble, for it is often that sparks are discharged from the muffler when the engine races, and this is especially true if the muffler contains much soot. Occasionally a leak in the gasoline pipe or tank, or maybe a carburettor float chamber in which the seat of the needle valve needs grinding, will permit of the gasoline forming in a puddle when the car is standing on the street. It is important to stop such leaks, and it is better to keep the car in motion than to stand over exposed gasoline, which a match carelessly thrown in the street may ignite.

The Overland runabout run by Dr. J. P. Lukens collided with a Peoples Railway car at the corner of Pennsylvania avenue and Clayton street. Both cars were badly damaged.

The Cadillac Motor Car Company set about to secure information from owners of Cadillac cars throughout the country as to their reasons for preferring these cars.

In response to the Cadillac inquiry a great number of answers were received.

Twenty-six per cent. of those who responded said that they were impelled to their purchase by absence of repair trouble and repair expense.

Twenty-one per cent. replied that they bought the car because they had driven the Cadillac in previous seasons.

Fourteen per cent. assigned reliability and durability as the essentials which they considered first; while nine per cent. bought because of general economy.

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VOL. III JANUARY, 1912 NO. 2

THE NATIONAL LEAGUE FOR MEDICAL FREEDOM.—It is not our intention to discuss the motives of the "promoters" of this new "movement." We all know what a promoter usually is. We have seen him overflow with enthusiasm over the great returns to be expected from a gold mine that was never located; we have heard his stories about the great wealth we are to derive from real estate located on some out-of-the-way marshes; we have listened to his glowing descriptions of a brilliant invention that is as practical as the generation of perpetual motion. We know the gentleman, and knowing him so well, we have no fault to find with Mr. C. Frederick Winder and his wife who canvassed every prominent man in the community in their desperate effort to secure members for the enterprise which they "promoted,"—in this instance, the National League for Medical Freedom.

Nor need we be surprised at the efforts on the part of the "vested interests" to free themselves from the oppressive yoke of government interference with their nefarious business. They have already had enough of it. And if one little Wylie hampered on all sides by unscrupulous officials could deliver such hard and telling blows to the dopers and food poisoners, how much greater would be the damage done by several Wylies working in harmony in an independent bureau with a representative in the cabinet? Naturally, these gentlemen want "medical freedom," the same "freedom" that the crooks and the confidence men desire so much

What astonishes us is that men of intellect, men of education, men who would sacrifice themselves for the welfare

of the community, in short, men who are the leaders in the community should lend their names and support to a movement which has for its purpose the defeat of honest and unselfish endeavor to promote the welfare of the people.

We have tried to put ourselves in the position of a layman and from that vantage point view the situation calmly and dispassionately.

Here is a class of men who apparently are doing strange things. The strangest thing of all is that these men are persistently advocating and instituting measures which tend to deprive them of means of existence. These men live by disease, and yet are continuously endeavoring, often at the sacrifice of their lives, to prevent the occurrence of disease. Who ever heard of a shoemaker advocating that people should go barefoot, of a clothier who would introduce the costume of Adam, of an undertaker who would issue pamphlets telling the people how to promote longevity? Did any one hear of a patent medicine firm telling the people how to live so as to avoid taking medicine? Did you ever hear of an osteopath advising the people how to keep their spines from twisting? Of course not, and no one expects them to do such foolish things. As well might a storekeeper hang out this sign: "We believe that the indiscriminate buying of Christmas presents tends to impoverish the people of limited means, and we therefore urge them to pay no attention to our fine displays in the window." Yet, these very unbusinesslike methods have been followed by the medical profession from time immemorial.

Doctors Eliminate Epidemics.—At one time the doctors derived quite an income from smallpox. This income must have been considerable for an English lady, Mary Wortley Montagu, writing from India about a method of preventing smallpox by inoculation, said: "I should not fail to write to some of our doctors very particularly about it, if I knew any of them that I thought had virtue enough to destroy such a considerable branch of their revenue for the good of mankind." The good lady was badly mistaken. The method she referred to was not safe, but as soon as a safe method was discovered by Jenner, the doctors proceeded at once to destroy this "considerable branch of their revenue." Smallpox has been finally eliminated as an epidemic disease and millions of dollars lost to the doctors. Now, from the layman's point of view, we must take into consideration the argument that vaccination does not prevent smallpox and that it is even injurious, but the fact nevertheless remains that the doctors, who firmly believe in the efficacy of vaccination, adopted it, fought for it and are

still fighting for it, knowing very well that they are destroying a "considerable branch of their revenue."

Yellow fever had been another source of revenue to the doctors. Yet, two physicians, Carroll and Lazear, actually sacrificed their lives in their attempts to discover means whereby this scourge could be prevented, and the rest of the profession proclaim them heroes and are going to erect monuments to the men who helped to destroy their business.

Typhoid fever is another very profitable branch of the practice of medicine A case of typhoid fever means about $60 to the attending physician, and yet the very doctors whose bread and butter depended on treating this disease kept up agitating the question of water purification and practically compelled municipalities to establish efficient systems of filtration. In our own city, the agitation for a new and efficient filter first saw light at a meeting of the New Castle County Medical Society, and this agitation was kept up by physicians throughout the city. Now we have an efficient filter, and the doctors are out about thirty thousand dollars every year.

Tuberculosis is not only the most prevalent, but, owing to its chronic course, the most profitable disease. There are about a million cases of tuberculosis in this country, and assuming that in each case a minimum of one hundred dollars are spent on doctors there is a revenue of a hundred million dollars. Yet, what do we see? All over the country the doctors are banding together in a heroic effort to exterminate this plague. They organize societies, establish sanatoriums and dispensaries and in every other way possible are fighting the disease. In our own State the sanatorium and dispensaries receive the gratuitous services of physicians, and the doctors not connected with these institutions not only do not complain about these free treatments, but offer every possible assistance in this movement.

Hookworm disease in the South must have furnished quite a round sum to the doctors, and being principally confined to the country districts, the country doctor with whom every penny counts must have been the chief beneficiary. Yet, no sooner was the cause discovered, and methods of curing and thus exterminating the disease established, than the doctors of the South proceeded to apply these methods so vigorously that the disease will soon join the other conquered plagues.

Diphtheria, before the introduction of antitoxin, meant not only a more fatal disease, with a mortality of over 50 per cent., but one which ran a longer course and required more frequent visits from the attending physician. Now the doctor uses antitoxin, saves the patient in at least 95 per

cent. of the cases, shortens the attack and cuts down his visits to two or three, and, what is more, employs immunizing doses on the rest of the family so as to prevent the spread of the disease.

Surely there could be no more legitimate and there is no more profitable revenue than that derived from venereal diseases. Here, even the sympathies of the community are not with the patients, the popular feeling being that " it serves him right," and the more it costs him the more will he be punished. But, this class of diseases attacks the innocent as well as the guilty, and the doctors are educating the public, are organizing social purity societies and in every way possible are trying to exterminate these diseases.

What has been said of the diseases mentioned above may be said of all the other infectious maladies. In every case we find the doctors advocating preventive measures. They do it individually or collectively, in their daily rounds or before legislative bodies whom they continuously urge to enact laws protecting the health of the citizens. And who enforces these laws? Again doctors, either as health officers or members of boards of health, serving in many instances without any compensation. Did it ever occur to you that in our city a member of the Poice Commission receives five hundred dollars a year. He protects property. A Street and Sewer Commissioner receives a like sum. He looks after the streets. A Water Commissioner gets three hundred dollars annually. He looks after the water supply. But a member of the Board of Health, two members of our board are physicians, gets only one hundred dollars a year. He only looks after the health of the people.

Turning from acute infections to chronic diseases we find the same disposition on the part of doctors to prevent rather than attempt to cure disease. Open any modern textbook on practice of medicine and you will find the author urging the prevention of many of the chronic ailments. Here, again, prophylaxis is the watchword.

Of what possible financial benefit to the doctors is the fight against the adulteration of foods? If poisoned food produces disease, surely, that much better for the doctor who will be called in to cure the victim. Yet, who has been more pronounced in the support of Dr. Wylie, himself a physician, than the doctors? Is not this sufficient evidence of the disinterestedness on the part of the true physicians who, in the words of the poet, are "more than armies to the public weal."

The Delaware Branch of the National League for Medical Freedom.—It would seem that the self-sacrificing

guardianship over the public health exercised by the medical profession should have become such a matter of common knowledge, that any attempts on the part of fakers and charlatans to malign this noble calling would be met with disgust and derision. Strangely, this is not the case, and in this city men of the highest standing in the community have permitted themselves to be taken in with no more tempting a bait than the word "liberty." Several of the gentlemen on the "advisory board" are our personal friends for whom we entertain the highest regard, and that they of all men should be blinded to truth seemed to us almost incredible. Having learned that the names of one or two of the gentlemen were used without authority, we addressed the following letter to every member of the advisory board:

December 8, 1911.

DEAR SIR: We intend to discuss editorially, in the Delaware State Medical Journal, the Delaware Branch of the National League for Medical Freedom, and it is also our intention to publish the names of the gentlemen who constitute the "State Advisory Board."

Since it has come to our knowledge that the name of at least one of the members of the board was used without authority (Rev. M. J. S. Abels), we desire to ascertain beforehand the status of the other members.

Will you be kind enough to answer the following questions:

1. Are you a member of "The National League for Medical Freedom?"

2. If you are, will you state briefly your reasons for supporting this organization?

Of the fifteen men addressed, replies were received from twelve, a courtesy which we appreciate very much. These replies are so interesting that we quote them in full.

MY DEAR DOCTOR: In reply to your favor of the 8th inst., I desire to state that as far as I can recollect I have never authorized the use of my name as a member of the Advisory Board of the National League for Medical Freedom. Mr. Winder once came to see me with the purpose of persuading me to enroll in the gymnasium class and I remember him asking me whether I was interested in various reform movements, to which I naturally answered in the affirmative. He then mentioned something about medical freedom, but I remember nothing further on the subject, save the astonishment I felt when I once received a letter from the said League and saw my name among the members of the Ad-

visory Board. I wrote to the secretary and requested my name to be removed, which I presume he did.

Yours very truly,

MOSES J. S. ABELS.

In reply to Mr. Abels' protest, the secretary of the N. L. M. F. replied as follows:

Rabbi M. J. S. Abels, Wilmington, Del.

DEAR SIR: I am very sorry if your name has been placed on our Advisory Board through an error. I took hold of the work as secretary in September. Mr. C. Frederick Winder was secretary when our State Branch was organized. He was a physical culture teacher and had an institute at 834 Market street, while he was here in the city. I am enclosing a sheet of the stationery he had printed. His wife was very active in working for the League and she may have called on you and obtained your consent to act as a member of the Advisory Board.

Trusting that this will help you to unravel the mystery and that you will become a very active member of our League, I am,

Cordially yours,

N. L. REARICK,
Sec. and Treas.

This letter throws a side light on the methods employed by Mr. C. Frederick Winder and his worthy spouse in obtaining names.

The following letter was received from Mr. Jerome B. Bell, editor of The Sunday Star:

WILMINGTON, DEL., Dec. 11, 1911.

DEAR DOCTOR: Arriving home today from a four weeks trip south, I find your letter of the 8th on my desk. I am not a member of the National League for Medical Freedom—never was a member, and know absolutely nothing about it. My name was used as a member of the State Advisory Board without my knowledge or consent, and I recently wrote to the secretary of the League protesting against such use, and was assured that my name would be dropped from the League's stationery.

Very truly,

JEROME B. BELL.

DEAR SIR: Your letter received and you will pardon my delay in answering.

Question 1. Yes.

Question 2. I joined the National League for Medical Freedom with the idea that it was to prevent any one school

of medicine from predominating as an executive body, but I have learned that the League is being conducted by and for the special benefit of a few. I expect to hand in my resignation.

Very truly,

JULIAN ADAIR, M. D.

Rev. H. W. Wells, rector of St. Andrews' Church, sent the following reply:

DEAR DOCTOR: A year ago, through some blunder upon my part, I got into the "Advisory Board" of the League for Medical Freedom. I have seen some printed matter lately regarding the work of the League that leads me greatly to regret that I ever lent my name to it. Please understand that I am wholly out of sympathy with its present attack upon the proposal to establish a Department of Health in Washington. I do not know the secretary of the League, but when I can secure his name and address I shall immediately withdraw.

Faithfully yours always,

December 9, 1911. HUBERT W. WELLS.

Rev. R. L. Jackson replied that he wrote the secretary of the League requesting him to drop his name from the "Advisory Board."

Mr. Brown, the well-known architect, of the firm of Brown & Whiteside, kindly submitted the following reply in which he shows an evident misunderstanding of the purpose and spirit of our letter:

DEAR DOCTOR: In reply to your letter of recent date I wish to say that not until *this morning when I received a letter from N. L. Rearick,** secretary, was I aware of the fact that my name had been placed on the State Advisory Board of the National League for Medical Freedom.

I remember some time ago that Frederick Winder spoke to me on the street when I was very busy about whether I would care to serve on the National League for Medical Freedom. I told him that I might if I knew more about it, and that I generally was in favor of things that were progressive and which gave freedom where freedom should be had. I was with a client at the time and hurried away and nothing further was said about the matter, although I received from time to time circulars and data in connection with the work of the National League. I only wish I was in

*Italics ours. Our friend Rearick evidently learned of our letter and hastened to make his bogus list good.

a position to insist on my name remaining on this list of men, many of whom are my personal friends and men for whom I have a great deal of respect; but such uncertain publicity is to be regretted and I think that for the work of the League it would have been better to have had a more positive understanding in regard to who should figure on this board.

The fact that you are to discuss editorially in the local organ will perhaps be of great interest to the public and will be read with interest; but your letter carries with it so much of a threat when read between the lines and *taken in connection with Mr. N. L. Rearick's letter,** that naturally it is causing a great deal of resentment in the minds of the people questioned. If you wish to discuss the matters of the League, go ahead and do so; but why should you wish to use the names of the people who subscribe to it, whether they have done so innocently or with determination, as this can only afflict and not help the strength of your arguments, as an argument that depends on personalities for its strength is usually a failure and carries no conviction.

I trust that I have not misjudged you, doctor, in this matter, but it would be pretty hard to see it otherwise. I wish you had called my attention to the fact that my name was on the State Advisory Board in some other way so that I could have had it removed without being put in the unpleasant position, in the face of your letter, of withdrawing it under coercion.

With kindest regards, I am,

Respectfully yours,

WALTER STEWART BROWN.

The following communications were all from bona fide members of the "League:"

DEAR SIR: I have received from you a letter in which you inform me that you intend to discuss editorially in the Delaware State Medical Journal the Delaware Branch of the National League for Medical Freedom, and it is also your intention you say to publish the name of the gentlemen who constitute the "State Advisory Board." All of this is news to me and as such is interesting, but what right have you, Albert Robin, M. D., to question me as you do in the concluding portion of your communication? I am a free born American citizen and I do not acknowledge your right to question me as to what I am a member of, and as to why I am such a member.† What you may discuss editorially or

*Italics ours. †We addressed the members of the "League" in their official capacity and not as private individuals.—Ed.

otherwise in the columns of the Delaware State Medical Journal or elsewhere may and probably would be interesting, but you can rest assured it has no terrors for me. I deny your right to ask me any such questions and remind you that this is the United States of America and the spirit of liberty still breathes among the people.

I am, sir, yours,

JOHN S. HAMILTON.

Mr. S. C. Singleton simply wrote across our letter, "Yes. See constitution and by-laws." (Presumably of the U. S.)

DEAR SIR: Your letter of December 8 just came to hand this morning. My earliest recollections of doctors bring back to me the name of one of Nature's noblemen, our old family physician, *Dr. Granville Woolman.* I am assuming that you also are that kind of a physician, though I have never had the pleasure of meeting with you. If so, you will receive my statements in the same spirit in which they are made. You ask me two questions:

1. Are you a member of the National League for Medical Freedom?

Answer. *I am.*

Reasons: Because I believe the practice of drug-giving makes CHRONIC INVALIDS; and I desire for myself and others entire freedom to choose the nature of the treatment which will be given to me when my body suffers from pain or accidents. I attach importance also to the CHARACTER of the individual who will be called to my bedside in time of need; and the assumption that the State or any medical board knows better than I do who should come to me or to my family, is abhorrent to me. I DEMAND INDIVIDUAL LIBERTY *to employ at my option, a Homeopath, a Thomsonian, an Osteopath, a Naturopath, a Mental or Spiritual Healer, or a Christian Scientist.*

Yours very truly,

WILLIAM CANBY FERRIS.

DEAR DOCTOR: In reply to your favor of the 8th inst., I desire to say that I am a member of "The National League for Medical Freedom," and that I support this organization because it seeks to protect myself and others who have dared to think and to practice some things not endorsed by Albert Robin, M. D.

Respectfully submitted,

M. GREENWOOD, M. D.

DEAR SIR: Not conceding your right to question me, as to what organization I belong to, and why, I am going to answer your questions, to the first—*yes*. To the second, I have so many good reasons that I do not care to take the time to write them at this time.

I remain, very respectfully yours,

JOHN F. THOMAS.

Wilmington, Del., Dec. 14, 1911.

DEAR SIR: I have received your letter of recent date, conveying the gratuitous information, that you intend to discuss, editorially, in the Delaware State Medical Journal, the Delaware Branch of the National League for Medical Freedom, and publish the names of those who constitute the State Advisory Board.

You ask two questions, which I am perfectly willing and glad to answer. In reply to your first question, let me state that I am a member of the National League for Medical Freedom.

Secondly, I joined the League after reading its literature carefully, and acquainting myself with its objects. My underlying reason for joining this organization was to assist, as far as possible, in abolishing all unjust medical laws wherever such may exist, and preventing the passage of unjust medical laws in the future. I believe in sane medical freedom as I believe in sane social, industrial, intellectual, and religious freedom. If you wish to acquaint yourself more fully with the purposes of this League, and so secure detailed information that I have not time to furnish, I respectfully advise you to read the authoritative printed literature on this subject.

Very sincerely yours,

THOMAS P. HOLLOWAY.

(Minister Second Baptist Church.)

DEAR SIR: I have yours of December 8th and herewith answer your questions.

1. I am a member of the League you refer to.

2. I was first interested in this League by Mr. Charles F. Winder, proprietor of the Winder Institute of Osteopathy, who has since left the city.

My only reason for supporting this organization is that I believe it to be wrong for practically every member of almost every Legislature and practically every member of Congress to be approached by physicians for the purpose of influencing legislation.

It is my opinion that it is the duty of a physician to heal

the sick insofar as he is able and not to endeavor to influence legislation.

Moreover, I am opposed to the establishment of a Federal Health Bureau with offices to be filled by political influence, and from which all but one school of practice would be excluded.

It is because I believe that this organization exists for the benefit of the general public that I have supported it.

Yours truly,

F. I. DUPONT.

The other members of the "State Advisory Board" who have not replied are: D. W. Masters and Dr. P. Heald.

These letters show on the one hand how the minds of reasonable persons may be poisoned by misinformation and on the other how prone people are to jump at conclusions without a thorough investigation. A careful investigation by the supporters of the "League" would have established the following facts:

1. The doctors have nothing to gain personally by the establishment of a separate Bureau of Health. On the contrary, if it should ever become possible through this and similar agencies to prevent the sickness of 3,000,000 persons per annum who now suffer from preventable diseases, the doctors will lose at lowest estimate of $10 for each case of sickness $30,000,000 a year.

2. The efforts in this direction on the part of the medical profession is purely *pro bono publico.*

3. The medical profession does not insist on drugs as the only means of treating disease, but has admitted and does admit the great value of physical and other agents, even to the exclusion of drugs.

4. The medical profession does not deny anyone the right to practice therapeutics in accordance with his best judgment, but insists that all those who attempt to treat disease by whatever method or methods should possess a familiarity with the nature of disease and be able to establish a correct diagnosis, as well as institute such rational methods of prevention as would make the spread of contagious diseases impossible.

5. The medical profession recognizes but one school of medicine and that is the school which is based on a rational application of scientific principles to the diagnosis, prevention and treatment of disease. Insofar as the treatment of any given disease or any group of diseases is at present empirical, the profession permits the widest latitude to individual judgement. On this broad principle the profession recognizes the homeopath, osteopath or any other therapeutic empiricist, provided he is versed in those fundamental

branches of the practice of medicine which are based on science and which are essential to the proper diagnosis of any disease. These branches are: Anatomy, physiology, histology, pathology, bacteriology, chemistry, and hygiene. As there can be only one kind of anatomy, physiology, etc., there should be only one standard of examination in those branches, and that standard should be the highest.

6. The man of straw which the National League for Medical Freedom has set up to frighten the unthinking, namely, the supposed "Medical Trust" does not, in the words of an editorial in *Pearson's*, possess a respectably convincing covering for the straw. The wild shouts that, in the event a National Bureau of Health will be established, the "regulars" will usurp all power becomes perfectly ridiculous in the face of the recognition everywhere accorded to homeopaths in the administration of city and State health laws. The Commissioner of Health of New York is a homeopath, and homeopaths are to be found on the boards of health of almost every State in the Union. In our own State the secretary of the State Board of Health, who is the only paid officer, is a homeopath (Dr. Frantz). In the Wilmington City Board of Health, Dr. Howell, the present Mayor and a homeopath, was a member for two terms and during the last term acted as the Board's president.

7. The Bureau of Health is for the purpose of investigating obscure diseases and discovering methods of prevention and scientific treatment. The bureau cannot interfere with the State police power of licensing physicians, nor can it dictate to the citizens the choice of a physician any more than the Bureau of Agriculture dictates to the farmer the choice of a veterinarian. The National Bureau of Health is for the purpose of placing at least an equal value on the life of the child as is at present being placed on the life of a hog.

If our friends would only take the trouble to find out for themselves before they rush to the assistance of a lot of fakers and food-poisoners we would not be treated to the sorry spectacle of people trying to knife their rescuers. But we do not blame them. We and our wives do not go around and extol our virtues.

In Good Company.—For the edification of the members of the National League for Medical Freedom who were duped into membership by a false appeal to their love of liberty we quote from the J. A. M. A. short biographic sketches of a few of the "founders" and "leaders" of the League.

B. O. Flower, president and one of the founders of the National League for Medical Freedom, is ex-president

of the R. C. Flower Medicine Co., a mail order medical fake, founded by the notorious quack and swindler, R. C. Flower, a graduate of a notorious diploma mill, the American Health College. The *Arena*, of which B. O. Flower was one time owner and proprietor, carried advertisements of such frauds as the J. L. Stephens Morphine Cure, which contained morphine, the New York Institute of Physicians and Surgeons, which was put out of its fraudulent business by the government, Welch's Magic Tea, Trilene Tablets, Clark's Rheumatism Cure and similar fraudulent nostrums. His present magazine, the *Twentieth Century*, carries an advertisement of the worst of all possible humbugs, the "Oxydonor."

C. W. Miller, second vice-president, publishes a newspaper which derives its revenue from such nostrums as Winslow's Soothing Syrup, Doan's Kidney Pills, Lydia Pinkham's Vegetable Compound and Pierce's Favorite Prescription. While a member of the Iowa Legislature, Miller is said to have voted *against* (1) a pure food bill, (2) a bill that made the law relating to the sale of poison more rigid, (3) an act to regulate the sale of "patent medicines," (4) a bill to prevent the depositing of samples of "patent medicines" in private or public places, and also a bill requiring the use of pure ingredients in ice cream.

Reynold E. Blight, chairman Southern California Branch of the National League for Medical Freedom, is connected with a fake mail order business of curing "rupture, fallen womb, all deformities, malformation, floating kidney, large abdomen, constipation, all stomach troubles and all male and female weaknesses."

Charles Wentworth Littlefield, M. D., chairman of the Washington Branch of the National League for Medical Freedom, gives mail order "treatments" and exploits the "Twelve Devitalized Tissue Builders" for the cure of all mental and nervous diseases. He assures us that "any organ or tissue of the body can be reconstructed and its functions re-established by the use of Twelve Devitalized Tissue Builders. So also can any disease be cured by their use."

Frederick Wallace Abbott, M. D. (F. S. Sc. Lond.), member of the Advisory Board of the National League for Medical Freedom, is worthy of notice mainly because of the gay plumage appended to his name. The mysterious insignia of "F. S. Sc. London," stand for the "Society of Science, Letters and Art," of London, a fake society which issues "fellowships," with an elaborate "diploma of merit" thrown in, at $5 apiece.

C. S. Carr, M. D., member of the Advisory Board of the National League for Medical Freedom, has been in the em-

ploy of the Peruna concern for years. He is editor of a pseudo-medical sheet, in which some of the worst medical frauds in the country have been advertised; and also does a mail order medical business of his own, selling what he calls "tissue remedies."

George P. Englehard, member of the Advisory Board of the National League for Medical Freedom, publishes two journals which have long defended the "patent medicine" interests and which have carried advertisements of some of the worst medical frauds.

Charles Huhn, member of the Advisory Board of the National League for Medical Freedom, was president of a co-operative "patent medicine" concern, known as the American Druggists' Syndicate.

A. F. Stephens, M. D., member of the Advisory Board of the National League for Medical Freedom, was second vice-president of a St. Louis nostrum concern—the Converse Chemical Company.

Ye Gods, these are the men whose chestnuts our intellectual, liberty-loving, enlightened citizens are trying to pull out from the fire!

Examination Questions

By the Board of Examiners, Representing the President and Fellows of the Medical Society of Delaware

Examination held at Dover, December 12, 13 and 14, 1911

ANATOMY (DR. J. H. WILSON.)

1. Give shape, size and number of segments forming os hyoides.
2. Give shape, location and articulations of sphenoid bone.
3. Give origin, course and insertion of pectoralis major muscle.
4. Give origin, length and insertion of sterno thyroid muscle.
5. Origin, course and distribution of left subclavian artery.
6. Origin and distribution of innominate artery.
7. Origin and distribution of superior laryngeal nerve.
8. Origin and distribution of pneumogastric nerve.

9. Explain origin, course and distribution of right internal jugular vein.

10. Describe formation and structure of superficial cervical lymphatic glands.

PATHOLOGY (DR. W. WERTENBAKER.)

1. Name the morphological types of pathogenic bacteria and give an example of each.

2. Describe the bacillus tetani.

3. How does an antitoxin differ from a vaccine?

4. Differentiate between fatty infiltration and fatty degeneration.

5. Describe the process of repair in a superficial, uninfected wound.

6. How would you proceed in securing and preparing a specimen of blood to be examined for the malarial organism?

7. Describe a section from a so-called fibroid tumor of the uterus.

8. Describe a typical specimen of urine from a case of diabetes mellitus.

9. Differentiate pathologically between broncho-pneumonia and lobar--pneumonia.

10. Discuss the diagnostic value of the Wasserman reaction.

SURGERY (DR. J. H. WILSON.)

1. Explain technique of laryngo tracheotomy. Give physical conditions that make the operation necessary.

2. Give symptoms and treatment of fracture at acromion end of clavicle.

3. Differentiate tuberculous and syphilitic synovitis.

4. Explain method of reduction of dislocation of the several forms of displacement of the head of the humerus.

5. Give three popular methods of amputation of foot.

6. What are the structural changes that induce strangulated inguinal hernia? Give method of operating for its relief.

7. Give causes and explain treatment of lachrimal abscess.

8. Differentiate congestion and compression of brain.

9. Explain method of operating for radical relief of inguinal hernia.

10. Give etiology, diagnosis and treatment of strumous synovitis.

PHYSIOLOGY (DR. W. WERTENBAKER.)

1. What four chemical elements enter most largely into the composition of animal bodies?
2. Give an outline of the circulation of the blood in the human body (omitting portal circulation).
3. Discuss the function of the spleen.
4. What is accomplished by pulmonary respiration.
5. Describe the gastric juice.
6. Discuss the function of the kidneys.
7. What is meant by the term metabolism?
8. Name the types of muscle tissue and outline the part played by each.
9. What is meant by a reflex movement or action?
10. Trace the optic nerve from its origin to its distribution and state to what forms of stimuli it will respond.

HYGIENE (DR. P. S. DOWNS.)

1. What do you understand by the predisposing and exciting causes of disease?
2. Name some of the principal animal and vegetable parasites which produce disease.
3. What are connate conditions? Define temperament, idiosyncrasy and diathesis.
4. Define ventilation, state, in C. C., the quantity of air taken into the lungs by an adult person at each ordinary inspiration.
5. What method or system of removal and disposal of sewage and garbage would you recommend?
6. Name four essential alimentary principles in food, and the quantity of water required daily by an adult?
7. What meats are most easily digested; and why is the flesh of most fish white?
8. What diseases are conveyed through milk?
9. What insects convey micro-organisms and disseminate disease? Give methods of preventing the action of pathogenic bacteria by means of the *sera* of immune animals.
10. State the value of disinfection and isolation in contagious diseases and what disinfectants would you employ?

THERAPEUTICS (DR. G. F. JONES.)

1. What is serum therapy? Mention the serums that are official.
2. What are the therapeutic uses of the simple bitters?
3. Mention the more important medical uses of the preparations of mercury.
4. Define fully the therapeutic uses of arsenic.

5. What are the medical uses of the phosphates and the hypophosphites?

6. Name the local anaesthetics and tell something of their use.

7. Mention conditions which would influence the dose of drugs when prescribing.

8. Describe the routine treatment in a case of poisoning by free iodine.

9. What are the medical uses of the nitrites?

10. In the practice of our profession what uses can we make of adrenalin or the supra-renal gland?

CHEMISTRY (DR. P. S. DOWNS.)

1. To what group of metals does potassium belong, where found, and is it indispensable to the animal organism and why?

2. Does ammonia belong to the same group as potassium, and how is it used in making *ice?*

3. To what group of metals does magnesium sulphate belong, where found in nature and how prepared?

4. How are the effervescing solutions made more palatable?

5. What is the difference of hard and soft water, state what takes place chemically on boiling hard water.

6. What are amylopsin and trypsin?

7. What are Benzene and Toluol, giving symbols.

8. From what are the *phenol* acids derived?

9. What is *uric acid* and where found in the human system? Give its chemical symbols.

10. How are the two chief *bile pigments* formed?

MATERIA MEDICA (DR. G. F. JONES.)

1. Name the official liquid preparations.

2. Name and give the dose of eight of the most important preparations of iron.

3. Name the digestive ferments and define the action of any two of them.

4. What are the physiologic effects of phosphorus?

5. Name the incompatibles of cinchona and its alkaloids.

6. What are alteratives? Mention some drugs of this class?

7. How is iodine obtained? Make a list of the iodide salts.

8. Name the preparations and doses of belladonna.

9. Define the physiologic actions of scilla.

10. Name one cardiac stimulant and one cardiac sedative with preparations and doses of each.

OBSTETRICS (DR. H. W. BRIGGS.)

1. Name the contents of a well-equipped obstetric outfit.
2. Describe the physiologic process in the impregnation of the human ovum.
3. In what manner does the female pelvis differ from that of the male. Name the pelvic bones.
4. Name five anomalies of the umbilical cord and the possible effect of each.
5. Into how many stages is labor divided? Define each stage.
6. Define (a) abortion, (b) miscarriage, (c) premature labor.
7. Give the mechanism of labor in face presentations.
8. What are the causes, modes of prevention and treatment of rupture of the perineum?
9. Name the possible sources of puerperal hemorrhage and treatment of each.
10. What directions should be given as to hygiene and management of the newly born?

PRACTICE OF MEDICINE (DR. H. W. BRIGGS.)

1. Give symptoms, including physical signs, of acute lobar pneumonia.
2. Give your treatment in full for broncho-pneumonia in children.
3. Differentiate diabetes mellitus from diabetes insipidus. Give treatment of former.
4. Give symptoms and treatment of chorea.
5. Diagnose follicular tonsillitis from diphtheria. Give treatment of latter.
6. What is meant by cardiac compensation? Give illustration.
7. Etiology and symptoms of cirrhosis of the liver.
8. Symptoms and treatment of acute nephritis.
9. What is uraemia? Give symptoms and treatment.
10. Give clinical history and treatment of acute catarrhal enteritis.

Medical Progress

HARMLESS ALBUMINURIA.—Elliott (Illin. Med. Jour., Nov. 1911) says that what is regarded by some observers as

functional albuminuria is met with as a rule in the first three decades of life, and most commonly before the age of 20, the quantity of albumin as a rule is not great, although it is subject to increase under certain special circumstances (excitement, exertion, upright position); there is often a certain intermittency in the excretion of albumin, which in special instances may assume a cyclical fluctuation; there is an absence of degenerative tube-acts, although hyalin and light granular casts are often found, and finally, although the albuminuria may be of long duration, there is a noticeable absence of the arterial hypertension and cardiac enlargement usual in chronic nephritis. This form of albuminuria is distinguished from the more serious albuminuria of chronic nephritis by the presence of euglobulin in the urine. The test for euglobulin is as follows: Dilute 3 to 5 c.c. of the urine to be tested with four to five times its volume of cold distilled water and acidulate strongly by adding 2 to 3 c.c. of 50 per cent. acetic acid cold, not heating. A diffuse cloudiness, becoming more intense on standing, follows the addition of the acid and is nucleo-proteid or euglobulin.

Dr. W. W. Babcock, of Philadelphia, recently had a startling experience in resuscitation when by cardiac massage and the intravenous use of adrenalin the heart resumed beating after a lapse from twenty to twenty-five minutes, and the voluntary respirations were resumed after a cessation of from thirty to thirty-five minutes.

A New Laboratory Test for Cancer of the Stomach.—Since it has been shown by Emerson and confirmed by other observers that cancer tissue secretes an enzyme which digests proteids beyond the peptone stage, methods have been devised to detect the evidence of such digestion in the gastric contents of suspected carcinoma. The test for this end-product, or tryptophon, is regarded by Weinstein (J. A. M. A., Oct. 28, 1911), as outranking "every other available laboratory means for the diagnosis of cancer of the stomach."

The test as recommended by Weinstein is carried out as follows:

A test-meal is given, consisting of a glass of hot or cold water, which is made very sweet, some white bread, or toast or biscuits. The contents are extracted in about one hour, taking care that the patient does not strain and that there is no regurgitation of intestinal contents. A portion of the contents (6 or 7 c.c.) is filtered and tested directly for tryptophan by adding a few drops of a 3 per cent. acetic acid solution and then, drop by drop, a saturated aqueous solution

of bromin. The appearance of a reddish-violet or rose-red color indicates the presence of tryptophan. If, after the addition of about 4 drops of bromin water, the characteristic color does not appear, and if the mixture is allowed to stand for 15 to 20 minutes, and if still negative more bromin water is added drop by drop, shaking after each addition, until the mixture either develops the reaction or becomes yellow. If a reddish color is produced, the mixture should be allowed to stand again, when the tinge will grow deeper.

If the direct test for tryptophan is negative, the stomach contents should be kept preferably in a thermostat for 24 to 48 hours and then tested again.

TABLE OF DIFFERENTIALLY DIAGNOSTIC POINTS BETWEEN OCCULAR AND ACCESSORY SINUSES HEADACHES (Henning).

Sinuses.	Eye.
1. Bone tender on pressure.	Not so prominent.
2. Spontaneous ache and tender on pressure over eye or under brow pathognomonic of sinusitis.	Not accompanied by especial tenderness on pressure.
3. Apt to be worse in the morning, wearing off by noon.	Usually worse on using eyes, exposure to sun, therefore worse as day progresses.
4. Rarely influenced by use of eyes.	Caused by reading, sewing or intent looking.
5. Usually history of nasal discharge elicited by careful inquiry.	No nasal discharge.
6. Worse by stooping, blowing, exercise.	Not especially influenced by these things.
7. Feeling of fullness and weight	Not so prominent.
8. Onset often sudden, with or without history of exposure or of cold.	Onset of severe symptoms not so apt to be sudden, without history of ocular causes.
9. Darkness has little influence.	Better in dark room.
10. May be nearly unendurable.	Not so bad in absence of visible inflammation.

(Washington Medical Annals.)

SUSPICIOUS SIGNS OF TUBERCULOSIS.—

1. A slight hacking cough referred to larynx or trachea. Worse at night or upon lying down. Little or no expectoration.
2. A failing appetite and indigestion.
3. Loss of weight.
4. Night sweats. Neck and chest bathed in cold perspiration.
5. Acceleration of pulse. The pulse is 90 to 100 and is quick and irritable.
6. Elevation of temperature, about one-half degree in the afternoon.

7. Fistula in ano.
8. Pleurisy.
9. Enlargement of superficial veins of the chest.

PHYSICAL EXAMINATION.

1. A fine moist crackle occurring at the end of inspiration.
2. Prolongation of expiration.
3. Increased vocal fremitus.

EVIDENCE OF TUBERCULIN REACTION.—In four to five hours after injection there appear: Severe rigor, elevation of temperature to 38 to 40 and even 41, pain in the joints, cough, malaise, nausea and vomiting, sometimes slight icterus and eruptions on the chest and neck. This condition lasts 12 to 15 hours, after which patients feel even better than before.

In veterinary practice the error is about 3 per cent.

STADLINGER'S METHOD OF DETECTING EARLY TUBERCULOSIS.—He percusses the apices in the following manner: He first finds the border line by percussion on the inner side and marks it, continuing the line to the sterno-clavicular articulation, then following the percussion posteriorily and also mapping out the border line. The outer border line is found by starting in the supraclavicular space, percussing latterly to the border of the lung tissue. This outer line is curved with the convexity pointing towards the median line, and crosses the clavicle in its outer one-third, and disappears in the axilla. Then this line is followed posteriorily to the suprascapular region. After mapping out both sides they are compared by measuring from a point at the acromio-clavicular articulation to where the inner border line crosses the shoulder. The measurement is taken from the same point to the outer border line and the latter distance is substracted from the first, giving the width of the apex resonance.

The injection of one-sixth to one-fourth of morphine with 1-150 to 1-100 of scopolamin 1½ hours before anesthesia will make the administration of the anesthetic much easier and eliminate post-operative pain, vomiting and excessive secretion of mucus.

In the treatment of open wounds the skin should be carefully cleansed with benzine and painted with 3½ to 5 per cent. tincture of iodine.

"Haphazard explorations undertaken because 'something must be done' are a moral crime from which we are, perhaps, not altogether exempt."—Murphy.

For the prevention of bed-sores a piece of chamois skin applied to the affected area and secured by adhesive strips is very effective.

Venereal Prophylaxis Employed in the Army and Navy.—The usual method of treatment carried out in the Navy is as follows: In the first place, the method and object of the treatment are explained and every effort made to secure co-operation of the men. When men return to the ship from shore leave they report to the sick bay and are treated or not according to their statement as to exposure. A record is kept, and men who later develop venereal disease after denying exposure are punished, it being made clear to them that the punishment is not for exposure to infection, but for lying about it. The men who admit exposure are treated by bathing with soap and water and bichloride followed by an anterior urethral injection of 2 per cent. protargol; and finally by an application of 50 per cent. calomel and lanolin ointment.

In the Army it was the endeavor to devise a method which would be simple enough for the soldier to carry out without assistance; a mixture of 33 per cent. calomel ointment, with 3 per cent. phenol, is placed in a collapsible tube with a pointed nozzle. In the application half the mixture is massaged in the urethra and half used as an inunction. This method is simple and seems to be effective against all forms of infection. The results obtained seem satisfactory.

At the Indiana Maneuver Camp in 1910, among 504 men who were exposed and used the prophylactic, only two infections occurred; while among 302 men who did not use the treatment, 39 infections occurred.—Dr. Reichelderfer (Washington Med. Annals, Vol. X, No. 5).

Antiseptic Treatment of Gonorrhea.—As long as gonococci are present, a gonococcide should be employed. (Protargol, albargin.) When the gonococci disappear and streptococci alone are present hydr. oxycyanid 1-5000 may be employed. In the absence of gonococci and the presence of leucocytes only, an astringent is indicated. When only epithelial cells are present, no treatment is necessary.

Public Health

Meeting of Delaware State Tuberculosis Commission From Kent County—Important Action Taken.

At a meeting here of the Delaware State Tuberculosis Commission from Kent county many interesting matters in connection with the work of the body were discussed and other business transacted. Favorable action was taken with respect to the physical examination of school children in Kent county.

After the meeting was called to order, Dr. Edward S. Dwight was elected chairman and Dr. Samuel Marshall, secretary.

Mrs. George W. Marshall stated the object of the meeting, calling the body "the Kent County Tuberculosis Commission," and that it had been suggested to make the commission's work more effective and thorough; that sub-committees should be appointed for the different towns throughout the county, to the end that all patients suffering with tuberculosis, or those exposed to the disease, should be referred to the care and instrucion of the county nurse, Miss Beswick, and the dispensary physicians, especially the indigent cases. It is the duty of the committee to look up patients and to report the names of such patients to the nurse and in fact anything that might advance the fight against the great "white plague."

The question of the existence of tuberculosis among school children was discussed, and Mrs. Walter Morris reported that in Dover the parent-teachers' assocation was considering the propriety of urging the proper authorities to have a physical examination made of all school children by physicians, and the physicians thereafter to make a written report to the school board of their findings.

Dr. B. L. Lewis moved that the commission recommend that all children attending graded schools shall be examined by competent physicians, appointed for that purpose; to determine those that are suffering from any disease of the throat, eye, nose, ear and chest, at the opening of the scholastic year and the beginning of the winter term; and that this resolution should be forwarded to the Kent County School Commission, which in turn is respectfully requested to promulgate as an order the same to the different districts. This was carried unanimously.

Mrs. James Crossmore brought up the question of reporting cases of tuberculosis as a communicable disease to the State Board of Health, and also the question of fumigation of houses following the removal of such patients or on their death. It was stated that it was the duty of all boards of health in towns to fumigate, and that their jurisdiction extended one mile beyond the town limits. Beyond the one mile limit the State Board of Health would fumigate.

On motion of Mrs. George W. Marshall, carried unanimously, it was resolved "that the Kent county nurse be authorized and directed to purchase necessary supplies for fumigating and to compel the occupants of houses following removal or death of tuberculosis patients to submit to fumigation and disinfection."

LESS ILLNESS THAN USUAL.

Dr. Samuel C. Rumford, physician to the New Castle County Workhouse, in his report for the year ending December 1, says: "The year just past has given us less sickness than usual among the prisoners, and with few exceptions has there been any illness of a serious nature.

"Twenty-four hundred and fifty-seven prisoners reported at sick call and seven hundred and ninety-three were treated in their cells.

"Seventeen men were treated in the Tubercular Hospital, of whom nine died; five were either returned to work or liberated, and three remain.

"There were eleven deaths during the year, one from endocarditis, one by execution, and nine from various forms of tuberculosis. Of these latter, one man had served three terms at the workhouse, presenting more advanced stages of tuberculosis each time he returned, while others presented various symptoms of the disease when admitted.

"The report of the physicians, requested by you, to investigate the conditions at the workhouse, is most valuable and coming as it does from six of the best known medical men of this county, it should be accepted as having great authority.

"You may recall that in several of my annual reports I have suggested the advisability of an exercise yard, for there is no question but that the health of all the prisoners would be much benefited by spending some time each day out of doors."

NEW VACCINE PHYSICIANS.

Members of City Council elected the four city vaccine physicians to succeed the four retiring physicians. The new physicians are Republicans. Those elected were:

Northeastern district, Dr. H. M. Frist, of Eighth and Spruce streets; southeastern district, Dr. N. B. Morrison, of Second and King streets; northwestern district, Dr. George R. Foulk, of No. 706 Washington street; southwestern district, Dr. P. A. M. Rovitti, of Seventh and Tatnall streets.

The retiring physicians are Dr. J. Frank McGrath, northeastern district; Dr. H. G. Buckmaster, southeastern district; Dr. W. E. Postles, northwestern district; Dr. Harvey B. Patton, southwestern district.

Between Ourselves

The Homeopathic Medical Society of Delaware State and Peninsula held its annual meeting in the Homeopathic Hospital. All business was disposed of in the afternoon and the evening was devoted to the reading of papers and discussions. The officers elected and the committees chosen were:

President—Dr. W. F. Hoey, Frederica.

Vice-President—Dr. E. Q. Bullock, Wilmington.

Secretary—Dr. Victor D. Washburn, Wilmington.

Treasurer—Dr. H. W. Howell, Wilmington.

Censors—Dr. Egmont T. Negendank, Dr. J. Harmer Rile and Dr. Lewis W. Flinn. all of Wilmington.

Legislative Committee—Dr. Thomas O. Cooper, Wilmington; Dr. E. S. Anderson, Dover; Dr. Charles M. Allmond, Wilmington; Dr. A. E. Frantz, Wilmington; Dr. Harrison W. Howell, Wilmington.

Committee on Arrangements—Dr. Harrison W. Howell, Dr. Frank F. Pierson, Dr. Edgar Q. Bullock, all of Wilmington.

Delegates to the American Institute of Homeopathy—Dr. J. H. Rile, Dr. C. D. Richard, Wilmington. Alternates, Dr. W. E. Postles, Dr. J. M. Stadter, Wilmington.

Appropriate resolutions were adopted on the death of Dr. W. C. Carsner, of Chesapeake City, Md.

Dr. V. D. Washburn gave an address on the growth of the Homeopathic institution. Dr. Washburn was the delegate to the A. J. of H. convention in Pittsburgh. Dr. William F. Hoey's paper dealt with the emergencies a country physician has to meet.

Dr. Frantz went carefully over the subject of "Acute Anterior Poliomyelitis" (infantile paralysis).

Dr. John M. Stadter had for his subject "The Surgical Treatment of Epilepsy as Applied to the Thymus Gland." A full discussion of these papers then took place, being opened by Dr. W. D. Bailey of Philadelphia.

An informal discussion and smoker closed the meeting.

Dr. Sophia Ostrow, a graduate of the Women's Medical College, Philadelphia, 1911, has located at 401 Washington street.

Dr. B. F. Baer disclaims any responsibility for the news items concerning his proposed location in this city, in the following letter to the editor:

DEAR SIR: My attention was recently called to the press notice in the Wilmington papers concerning my location in Wilmington.

I desire to disclaim any responsibility for the appearance of those notices.

Yours truly,

B. F. BAER, JR.

On Sunday, January 7, Dr. J. H. Wilson, of Dover, was operated on for gall stones by Dr. H. J. Stubbs, assisted by Dr. Samuel Rumford. The operation was successful and the patient is doing well. We extend our sympathies to our confrere.

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For the general practitioner the use of stock bacterins is advisable because valuable time is thereby saved.

It is well recognized that mixed infections are usually present in infectious diseases. **"Mixed" and "polyvalent" (many different strains) bacterins are therefore becoming deservedly popular.** As regards their use, Polak states:

> "The mixed vaccines of reliable laboratories have given better results than when a single variety was used. This has been shown repeatedly in the blood picture when an autogenous vaccine of a single strain used in large doses up to 500,000,000 has failed to increase the leucocyte-count or diminish the polynuclear percentage, the mixed vaccines of several strains have promptly produced a marked leucocytosis. Even colon bacillus infections, such as the infection of a pelvic hematocele by the colon bacillus, have yielded more promptly to mixed vaccines of polyvalent strains than when a single autogenous germ has been used." (Journal American Medical Association, November 25, 1911, p. 1738.)

The prophylactic value of bacterins is proved beyond question in typhoid fever, and preventive medicine suggests immunization against streptococcic, colon, staphylococcic, pneumococcic and tubercular infections by the use of their corresponding bacterins.

The results following the general use in the U. S. Army of typho-bacterin in protective vaccination against typhoid fever are little short of marvelous. "During the past three years 60,000 men completed the three inoculations; but twelve cases of typhoid fever developed during this time and no death occurred." (Phalen and Callison, Medical Record, December 9, 1911, p. 1203.)

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WM. R. BULLOCK, M. D.

Dr. Bullock was born in Wilmington, in 1824. He was graduated in medicine from the University of Pennsylvania in 1846, and is a charter member of the Delaware Hospital Staff. He translated from the French Caceux's book on Obstetrics. Dr. Bullock is now a resident of Germantown, Pa., where he is staying with his son, John Bullock.

Delaware State Medical Journal

Original Papers

Gastric and Duodenal Ulcers

By Edward S. Dwight.*

I have thought it best to combine the consideration of both of these lesions, in this paper, their symptoms being so similar, and their treatment, whether medical or surgical, being so much alike. And to this I should add that the latter ulcer is even more common than the former and that it is equally dangerous.

It is now the general opinion that these lesions are much more frequent than was formerly supposed. Many cases of "chronic dyspepsia," so called, and either gastric or intestinal, are now known to be really cases of chronic ulcer; many a sudden death from what is termed "acute indigestion," to be in reality nothing more nor less than the giving-way of the floor of an unsuspected ulcer, where no preliminary deposits of lymph and consequent adhesions have had time to form, and where the perforation has allowed peritoneal extravasation to occur, whether of blood or of the contents of the diseased viscus.

Naturally in cases where no blood vessel has been opened, the diagnosis is obscure. When the patient begins to vomit blood, or when black, tarry stools are passed, ulcer is at once thought of. But often no blood vessel happens to underlie the affected part and hence no such pathognomonic symptom occurs. These are the cases in which an erroneous diagnosis is apt to be made.

The importance of an early recognition of the true nature of the disease is felt more and more by reason of the impairment to the general health, which the ulcer carries with it, and the continued suffering and mental depression experienced by the patient, as well as on account of the danger of hemorrhage. To these two more remote dangers may be added: First, that a gastric ulcer, if allowed to become chronic and calloused, has a tendency to assume a cancerous character; and second, that the lesion, if pyloric (as very many of them are), is apt in the end to produce a seri-

*Read at the meeting of the Delaware State Medical Society, October 10, 1911.

ous stenosis of that orifice. If diagnosed early, the chances of a cicatrization under medical treatment is greatly increased. For it is with the chronic form that surgery is most apt to have to deal, except, of course, in event of perforation. Among the chief causes of these ulcerations are supposed to be thromboses and embolisms occurring in consequence of a debilitated state of the system, as in a case of my own, following an attack of influenza, or where the portal circulation is hampered by cardiac or renal disease. Anaemia and arterio-sclerosis predispose to it, and habitual pressure on the epigastrium. Some cases are doubtless tubercular, and some may originate as a result of some interference with the normal functions of the skin, particularly when a large extent of surface is involved. The tendency to the formation of duodenal ulcer after extensive burns and scalds has long been recognized. Mayo has called attention to the fact that ulcers of the duodenum are apt to be located at the point where the acid chyme forcibly strikes the intestinal wall as it is ejected from the stomach; thus indicating a mechanical cause, while Osler mentions the fact that Brunner's glands are liable to undergo cystic degeneration and that in this way they may lead to a breaking down of the tissues. In one case, which I made out to be gastric ulcer, and in which there was considerable hemorrhage, the condition followed a prolonged debauch.

In any event, however, the acrid nature of the digestive fluids and their solvent influence must necessarily play an important part in disintegrating the weakened tissues; in keeping up a steady irritation of the ulcer, when once established, and in effectually preventing Nature from essaying any attempt at cicatrization, under ordinary conditions of diet.

In the stomach, ulcers are most commonly found on the posterior wall and greater curvature, and in the vicinity of the pylorus. They are said to be decidedly infrequent on its anterior surface, and are rarely diagnosed in this situation unless perforation happens to occur and an operation is called for, in consequence. As already mentioned, ulcers of the duodenum are usually found in its upper third, and close to the stomach. It is a disease of early adult life and is most common in the female sex. The clinical history of either variety presents a number of general symptoms, only one of which—hemorrhage—is pathognomonie. Next come the following, in their order of importance: pain; persistent sour stomach; tenderness; vomiting; and muscular rigidity. Constipation is the rule in most cases.

Pain is a frequent symptom, being met with in four-fifths of all the cases. In character, it is sharp and gnawing

or burning. It is increased, in the gastric form, by taking food, and diminished, in the duodenal. In either case it is relieved if vomiting or eructations of gas take place. In gastric ulcer the pain is most intense, anteriorly, in the epigastrium; posteriorly, at the level of the tenth dorsal vertebra. In the duodenal variety it is usually situated in the right hypochondrium, though it is often located centrally, one or two inches above the umbilicus. Sometimes pain is experienced across the entire width of the abdomen. Brinton claims that the pain in these cases does not extend to the back. But, if I remember aright, a patient of mine who died ultimately of hemorrhage from a duodenal ulcer, was wont to complain of it in that locality. He used to compare the pain to the gnawing of a rat.

Pain an hour or so after meals may be taken to indicate a lesion at the pylorus; occurring two to four hours after eating, to point to trouble in the duodenum. As already stated, the suffering from duodenal ulcer is temporarily relieved by taking something into the stomach, either solid or liquid. This is due to the closure of the pylorus and the exclusion of the gastric juice from the intestine. Olive oil, alkalies and lavage also give temporary relief. In this form, the pain is apt to be worse at night and early in the morning.

The pain of *gastric* ulcer is always greatly intensified if sugar, salt or hot liquids are swallowed, and it is greatly increased or diminished by changes in the position of the body. If an attitude is assumed, which will enable the contents of the stomach to gravitate away from the excoriated surface, it may even be made to disappear for the time being. This fact affords important aid in locating the situation of the lesion.

Acidity of the stomach is a symptom almost as frequently encountered as pain. Other than from its persistency it is not especially distinctive, however.

Tenderness is met with in a large proportion of the cases. It may be extreme in the gastric variety. To be of diagnostic value in this form, it should be limited to a circumscribed spot in the epigastrium, or to the left of the spine in the region of the eleventh or twelfth dorsal vertebrae. In cases of duodenal ulcer it is not apt to be so pronounced and is usually limited to the right hypochondrium.

Vomiting is another frequent symptom; and if blood is ejected, with or without the concurrence of melaena, is pathognomonic of gastric ulcer at least, and combined with the intestinal hemorrhage may denote a duodenal lesion. Hamatemesis is often the first thing to call the patient's attention to the fact that he has anything serious the matter

with him. And it is apt to excite great alarm by reason of the quantity of blood which is ejected.

If hemorrhage, however, is absent, there is nothing distinctive about the vomiting—nothing which, *per se*, would call attention to the existence of an ulcer.

In cases where the lesion has a tendency to be chronic, deposits of lymph may be formed on the peritoneal surface of the viscus involved, and adhesions contracted to adjacent organs. Such a state of affairs would manifestly be a great protection in case of perforation of the floor of the ulcer, unless perhaps an underlying artery became involved. It is stated that the splenic artery as it runs along the upper border of the pancreas, or even, in one case reported, in the substance of the pancreas, is particularly liable to involvement. I recently saw a patient several times in consultation where a pyloric ulcer had apparently caused adhesions to all the surrounding organs. Perforation into their substance seems to have ensued and an abscess resulted which pointed and broke into the stomach, the patient vomiting up the pus. A few days later an artery opened into the abscess cavity and the patient bled to death. No autopsy was made and I may, of course, be wrong in my conclusions. But this was how I understand the case. The patient, a middle-aged lady, had previously been taken to a hospital for operation; but had been sent home again as being too weak for surgical treatment.

In regard to emaciation, one would say that while there is some, there is less than would be anticipated. Through nervous influence, the strength of the heart beat may be greatly diminished in the course of the paroxysms of pain. I remember one case where in consequence of swallowing a small amount of solid food, the pulse became almost imperceptible for a time.

The diagnosis of many of the milder forms is difficult, and cases have often been declared to be those of ulcer, which time showed to have been really cases of chronic appendicitis or of diseased gall-bladder. But for some years past, the Roentgen ray has been used with much success in elucidating these conditions. A recent writer gives the following directions: The patient should receive a drachm and a half of subcarbonate of bismuth stirred up in one-half glass of water. This should be given on an empty stomach and an X-ray pictures should be taken from four to six hours later. By this time all of the bismuth should have been gotten rid of, except a crust coating the floor of the ulcer. This should show as a dark shadow—darker than the bones—in the skiagraph. Then an ounce of the subcarbonate should be given in a glass of water and a picture

taken immediately to give the shadow of the entire stomach. The diffusion of the bismuth over the gastric wall may be greatly facilitated by having the patient roll several times from side to side. This picture, in conjunction with the first, should enable the observer to locate the ulcer very exactly. The subcarbonate of bismuth is recommended for this purpose, in place of the subnitrate, as it has been found to be much less likely to produce untoward symptoms, several cases of poisoning with large doses of the subnitrate being on record. The diagnosis established, we come to the question of treatment. This is usually medical, in acute cases, and should be so; surgical interference being reserved (except in event of perforation), for those of a chronic type.

The indications in medical treatment are simple and self-evident—to keep the stomach at rest—the strength being kept up by rectal feeding—to neutralize the acidity of the gastric juice, and to coat the sore over with some unirritating medium which shall act as a protective, just as we would do were the sore on the surface of the body, and thus encourage cicatrization. To these are to be added symptomatic measures, to check bleeding, to alleviate pain and to prevent the bowels from becoming overloaded either with fecal matter or with gas.

If the symptoms are at all urgent, the stomach should be placed absolutely at rest and the patient kept perfectly quiet. If, as is often the case, the physician is called for the first time when hemorrhage has occurred, the treatment should vary with the amount and the persistence of the bleeding; an ice bag to the epigastrium, adrenalin-chloride, subsulphate of iron, acetate of lead, ergotine, and oil of turpentine internally are all good remedies; and gallic acid might be used in mild cases.

The rectal feeding should include peptonized milk and eggs, with or without the addition of a stimulant, and the milk may be alternated with beef tea. For several days it is well to cut off all nourishment by the mouth, a small piece of ice being allowed from time to time, if thirst becomes excessive. Hypodermoclysis has been recommended to relieve the thirst, but it would seem to me unadvisable to have recourse to it, if there were any hemorrhage, as tending to increase the latter by raising the blood pressure.

I believe, from my own experience in these cases, that our tendency is to revert to feeding by the mouth earlier even than we should. When we do recommence it, there is nothing much better than arrow root gruel, and this may be alternated with peptonized milk and perhaps with gelatine, if the patient likes the latter. Writers recommend

warming the milk somewhat, but it would seem to me better to give it cold. We should be very cautious about taking any risks in the way of diet, as it is so easy to do harm in these cases. If I remember rightly, the first case of gastric ulcer I ever saw (a hospital case) was kept on rectal alimentation for some six weeks, and while this seems excessive, I believe that a week or more should elapse, in a case of any severity, before any attempt is made to feed by the mouth, and that after the arrow root and peptonized milk has begun to seem insufficient, we should feel our way with the utmost caution, carefully trying one bland, unirritating article of diet after another, until at last, six or more weeks after the beginnning of the attack, the ulcer seems to have healed over.

To combat the pain we should neutralize the acidity of the gastric juice with antacids, and we should use counter-irritation. This last should be mild, and such that its use can be kept up for a long time. As anodynes, opiates, chloretone and hyoscyamus are all recommended. To relieve nausea we can employ hydrocyamic acid, cocaine and oxalate of cerium, either separately or together. In event of constipation, in the acute stage of the disease, moderately small enemas are perhaps as good as anything; later on, the extract of rhubarb gives good results.

To coat over the sore, we have the choice of the nitrate of silver or of one of the subsalts of bismuth. Later on, when the nausea has disappeared, olive oil can be given with very good effect.

These brief remarks serve, I think, to sum up in a general way, the medical treatment of this disease.

When surgical interference is called for, in case of perforation, it would seem that each operation must be an emergency operation, varying with the condition of the patient.

For chronic ulcer the operations are first gastro-enterostomy, where an opening is made low down on the posterior wall of the stomach and its borders are sewn to a similar opening in the ileum, thus changing the exit of the stomach from the pylorus to a point lower down, so that the ulcer is left, so to speak, high and dry,—removed from the danger of irritation by the gastric juice; and, if it is a duodenal ulcer, by the fact that that part of the bowel is thrown entirely out of commission.

The second operation is that of excision of the ulcer itself or even of the resection of the whole end of the stomach. The only offset to operation seems to be that quite a number of cases of jejunal ulcer are reported to have followed the operation of gastro-enterostomy, the new lesion making its appearance after a period varying from a few

days to many months. Otherwise, these operations seem to have been successful in curing many cases of this distressing and dangerous disease.

Treatment of Ununited Fractures and of Delayed Union in Fractures by the Injection of Blood

W. Wayne Babcock, M. D., Philadelphia.

About six years ago Prof. Bier emphasized the importance of extravasated blood as a normal stimulant for callous formation in the healing of fractures. Attention was directed to the fact that where a large amount of blood extravasated the amount of callus is often proportionately great, whereas, as in certain compound fractures, if the blood escapes from about the broken ends of the bone callous formation is usually slight or delayed. To stimulate callous formation in delayed and ununited fractures, Bier suggested the injection of from twenty to forty cubic centimeters of venous blood taken from the veins of the patient or from another person, between and around the broken bones. It was directed that the injection be repeated every ten days until sufficient callus had formed. During the past five years I have resorted to the injection of blood in cases of delayed and ununited fractures, and I have found the method so simple and valuable that I am surprised that it has not been more generally employed. Even if Bier's view that extravasated blood is the natural irritant that excites callous formation be incorrect, the value of the method may be attributed to other causes. It may be of value mechanically, by forcing from between the bone ends interposed soft tissues or other foreign substances; or the bulk of dense blood may displace and render better available portions of torn periosteum that are so important in bone formation. Besides this, coagulated blood is the normal scaffolding for the formation of the various connective tissues of the body.

As to the technic, I have not employed more than five or ten cubic centimeters of blood and have rarely given more than a single injection. After the injection the part is immobilized in plaster or by a suitable splint. In fractures of the leg we have found the method to be almost invariably successful. In certain fractures of the humerus

and in chronic cases of pseudoarthrosis the injection may fail, although even in these cases the method is worthy of trial. The area of fracture should be asepticized by painting with tincture of iodine and then washing the part with alcohol. The arm about the elbow should likewise be prepared. An ordinary antitoxin syringe with a strong and fairly large needle is then taken and introduced into a prominent vein of the arm. The piston of the syringe is then withdrawn until the chamber is filled with blood, and the blood immediately injected into the area of the fracture. By careful palpation the line of the break is determined and the needle introduced between the bone ends. The blood is then gradually forced out changing the position of the needle several times that the blood may be well diffused. As the blood may partially coagulate before the injection is completed, and as the tissues of the region of the fracture may be very dense, considerable force is often necessary to make the injection. The needle is now withdrawn, simple pad put over the puncture, and the part immobilized usually by a plaster bandage. An anesthetic is not required. A moderate local swelling and a slight general reaction may follow the injection which disappears in thirty-four or forty-eight hours. The plaster cast is left on for three or four weeks provided it causes no discomfort and gives sufficient support. On removing the cast we have usually found evidence of bony union. Of course, the method pre-supposes that a fairly accurate reduction of the fracture has been previously obtained. This method of treatment is so very simple and safe that it deserves to be popularized, especially at this time when so many surgeons are advocating the open treatment of fractures. It is to be remembered that the open treatment of fractures does not shorten the period of invalidism or obviate the use of casts or other retentive appliances. If infection occurs, the period of invalidism is greatly increased by the open treatment, the integrity of the limb is jeopardized and secondary operative procedures are rendered necessary. While I personally have had no infection or necrosis from the use of the Lane splint, I have had occasion to observe what a catastrophe infection is in these cases and believe that the method is not one for popular use. There is no excuse for infection after the injection of blood, and in the exceptional case in which the injection fails, the open treatment may be considered.

Transactions

New Castle County Medical Society

Meeting of December 19, 1911

Dr. S. Rumford reported a case of double pneumonia in an Italian woman. The peculiar feature of the case was the extreme hyperpyrexia (106-107) which lasted for three days. The patient died.

Election of officers resulted as follows:

President—Dr. William Wertenbaker, New Castle.

Vice-President—Dr. J. W. Bastian.

Secretary—Dr. Albert Robin.

Treasurer—Dr. Wm. H. Kraemer.

Member on Board of Censors—Dr. J. W. Bastian.

Committee on Public Health and Legislation—Drs. P. W. Tomlinson, A. Beck and J. A. Ellegood.

Press Committee—Drs. A. Robin, J. W. Bastian and H. Springer.

Following the meeting, Dr. Briggs, the retiring president, entertained the members at Hanna's cafe.

Meeting of January 16, 1912.

Dr. Wertenbaker in the chair.

Dr. Rutherford reported a case of stricture of the esophagus in a man, 45, the condition proving to be one of carcinoma. Gastrostomy was performed.

Dr. Tomlinson related a case of carcinoma of the esophagus, the condition not incapacitating the patient up to almost the time of his death.

Dr. Rutherford read a paper on the "Diagnosis and Treatment of Gonorrhea and Its Complications."

He referred to the usual methods of treatment, spoke of the value of the mixed bacterins in the treatment of chronic gonorrhea and its complications and insisted on the advisability of referring obstinate cases of gonorrhea to a specialist.

Dr. Tybout read a paper on "Gonorrheal Ophthalmia."

He spoke of the great care to be exercised in the establishing of diagnosis and instituting prompt and energetic treatment. The infected eye should be handled as little as possible so as to avoid injuring the delicate cornea. He found nitrate of silver the most reliable gonococcide.

In the discussion, Dr. Ellegood stated that in cases of ordinary severity he prefers a 10 per cent. solution of argyrol. In cases of unusual severity a 1 per cent. solution of nitrate of silver may be employed in addition. In some cases he found sophol to be superior to argyrol. He also referred to a new gonococcide largely used in Germany, "Blennoleinicetsalbe," an ointment containing 10 per cent. lenicet—a basic aluminium acetate mixed with white vaselin, ceresin and lanolin.

Dr. Bastian stated that he uses argyrol exclusively and considers it superior to all the other salts of silver. He advised not to prescribe large quantities at a time, as the solution deteriorates. He is of the opinion that chronic gonorrhea is often too vigorously treated. He referred to the seriousness of gonorrhea in the female and also to fatal cases of gonorrheal infection.

Dr. Briggs said that the young practitioner should be particularly instructed in the care of the eyes of the newborn. Care in this direction observed in the County Hospital resulted in entire freedom from eye infection for the last ten years.

Dr. Stubbs thought that the most important phase of gonorrhea is the infection carried from husband to wife. It is impossible to determine when gonorrhea is entirely cured.

Dr. Phillips said that he employs a spray catheter in the treatment of posterior urethritis. He uses argyrol.

Dr. H. Springer reported a case of gonorrheal infection in a man complicated by extensive inflammation and gangrene of the penis, edema of the scrotum and generalized cellulitis and peritonitis. The patient died.

Dr. Tomlinson agreed with Dr. Stubbs regarding the seriousness of gonorrheal infection in women. The question of marriage of gonorrheics has been too lightly considered. As a prophylactic of gonorrheal ophthalmia he uses a 1 per cent. solution of nitrate of silver.

Dr. Robin called attention to the investigations conducted from time to time in various laboratories, showing the comparative germicidal properties of the several organic silver preparations. It appears from these reports that, taking nitrate of silver as the standard, the less irritating the organic combination the less germicidal it is. Judged by this standard, argyrol is the least irritating and also the least gonococcidal of all the silver compounds.

A. Robin, *Secretary.*

Delaware State Medical Journal

Official Organ of the

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DELAWARE CHARTERS A DIPLOMA MILL.—It was with a feeling of shame mingled with disgust that we read in a recent number of the Journal of the American Medical Association of a rank diploma mill chartered under the laws of our State. This fake is styled the "Carnegie University" which "by virtue of the powers invested . . . by the government of the State of Delaware . . . gives instruction in all Drugless Arts, Sciences and Philosophies and in any other Art, Science or Philosophy." The letterhead bears half-tone pictures of two of the largest office buildings of Wilmington, the Ford and DuPont buildings, with the words "Carnegie University" inserted in such a manner as to give the impression that this institution occupies these buildings. Some of the letters are also dated from Wilmington. What the course of instruction is does not appear, but the investigation conducted by the Journal showed that any one can get a diploma with the degree of Doctor of Mechano-Therapy for $50 cash. As this admits the holder of the degree to practice drugless medicine in Delaware or any other State which recognizes osteopathy the chartering of such an institution by a State is a crime against the community. "The time must come, remarks the Journal, and for the safety of the public the sooner it comes the better—when an enlightened State will not issue charters indiscriminately to any group of ignorant fakers who choose to organize a "university." To our shame be it said that our own little State has not yet reached that state of enlightenment, and that we are ready to charter anything from a gold brick and wild-

cat scheme to a diploma mill, so long as there is revenue in it.

Since this editorial was written some action in the matter was taken by the post office authorities, but we are not informed as to the outcome.

THE CONTAGIOUS DISEASES HOSPITAL.—We wonder what has become of the project to establish a hospital for contagious diseases? To Dr. J. H. Spruance, the former mayor, belongs the credit of inaugurating the movement looking towards the establishment of this much needed institution. It was through his agitation that the City Council was finally persuaded to secure from the Legislature the authority to borrow the necessary funds; and now that Dr. Howell is our chief executive, we expect to see the hospital established. Surely, Dr. Howell, as a physician and former member of the Board of Health, fully realizes the urgent necessity of a hospital where cases of contagious diseases would receive proper isolation and treatment. The threadbare plea of lack of funds should have no weight in the matter. If there is enough money for a City Hall and a boulevard there should be enough for a hospital, and if there is not enough for the three projects, the former two can wait. Nothing should stand in the way of public health. Prominent physicians who have expressed themselves on the subject stated that the present system of quarantine is mostly a farce, and it will remain so as long as no provision is made for the removal of patients with contagious diseases to a hospital, when proper quarantine cannot be instituted at home.

THE EVOLUTION OF A PATENT MEDICINE.—*Stage One.* A proprietary preparation, usually a fake, advertised exclusively to physicians under grossly exaggerated claims. *Stage Two.* The physicians are liberally sampled, the sample packages being so fixed that either the label is removed with difficulty or the name is blown on the bottle. The doctors are urged to prescribe original packages to avoid substitution, and these packages carry testimonials and indications of the diseases in which this particular preparation is to be used. The doctors are hypnotized into the belief that the new panacea really possesses miraculous properties, and are so enthused as to sing eulogies to the new discovery. *Stage Three.* The advertisements are withdrawn from the medical journals and transferred to the daily press, where the claims are still more exaggerated, and capital is made of the endorsement of the panacea by the medical profession.

Sanatogen has just passed through these stages of evo-

lution and Dioradin, the latest consumption cure, is apparently going the same way.

The writing of a testimonial, even in good faith, is a dangerous thing.

COUNTY SOCIETIES TAKE NOTICE.—We wish to remind the secretaries of the two lower County Societies that at the last meeting of the State Medical Society a resolution was passed requesting the secretaries to send to the editor of the Journal monthly reports of their transactions. Do your duty, fellows! One hour's time a month will add greatly to the interest of the Journal.

CORRESPONDENCE SOLICITED.—We are endeavoring to make the Journal the representative organ of the medical profession of this State. We hope to make it the medium for interchange of ideas, and the means by which the influence of the profession may make itself felt. We cannot do this single handed, and, therefore, we respectfully solicit from our readers expressions of opinions on any phase of medical practice. Particularly, we invite criticism. We are not perfect, and would like to have our mistakes pointed out to us.

HOW IT HAPPENED.—The recent business failure of one of our most prominent druggists and the gradual decline of several large drug stores which stood as landmarks for many years suggest a few sad thoughts by way of commentary.

Why are these stores failing? Our city is growing, the population is increasing; the number of physicians is also increasing in proportion, and yet the old reliable and apparently well-patronized drug stores are going out of existence. What happened? Here is what happened. Thirty years ago the apothecary's ambition was to be a pharmacist. He took pride in his tinctures, elixirs and cordials, he rolled his pills *secundem artem*, and experienced genuine delight in deciphering the hieroglyphics of some eminent esculapian whose hog-latin was concealed in the debris of bad chirography. This apothecary was the all-wise of the neighborhood; knew a thousand-and-one-things, from how to kill fleas to the best remedies for horse colic. He was proud of his indirect association with the medical profession, entertained the doctors of his neighborhood with whom his relations had always been friendly.

Enter the pharmaceutical chemists.

These gentlemen engage a number of detail men who visit the doctors with samples of different elixirs and "elegant" pharmaceuticals which they claim require such skill

and outlay of capital as to put the druggist at a disadvantage. The doctors, proverbially gullible, swallow the bait, and the druggists submit meekly. Before long the shelves of the druggist's back room are overloaded with different elixirs, syrups and emulsions, each prepared by a different firm. The doctor prescribed three ounces of John Jones' elixir of iron, quinine and strychnine and then forgot all about it, until John Smith's detail man persuaded him that their elixir is far superior to any other, and, under the influence of the last detail man, he prescribed three ounces of John Smith's elixir. A week later so-and-so's elixir was specified, and so on. In the meantime the accumulation of unused and partly used elixirs and other preparations became a serious menace to the druggist's existence.

It was not long before the manufacturing chemist began to realize that his method of exploitation was wrong. The doctor soon got on to the fact that after all one firm's elixir is probably as good as another's, and he did not take the trouble to specify. The manufacturer then labeled the elixir "vigorolla," extolled its virtues as the best tonic in the world indicated in numerous diseases, added a few more exaggerated claims for good measure, and the "proprietary" medicine was born. It is no longer a question of this or that firm's elixir. The doctor has no choice in the matter. If he really and truly wants to save the patient from imminent death, and make his own reputation travel up hill and down dale he must use "vigorolla."

The trick succeeded, and soon other manufacturers got into the game, each employing a different name for the somewhat differently prepared elixir. The elixir was not the only preparation that was deftly worked into a goldmint; powders, pills and other galenicals were metamorphosed into synthetics, panaceas and "golden medical discoveries." A simple acetanilid mixture became "ammonol," "antikamnia," "orangein," "phenalgin," "salacetin," "anadol," "labordine;" a preparation of squills became "anasarcin" and "anedemin;" simple salines were garbed into "sulpho-lythin," "thialion" and "sal-hepatica;" and so it spread all along the line. The doctor prescribed under the influence of the last drummer, while the poor druggist found himself overwhelmed with a variety of preparations, of which the very nomenclature was enough to drive one to distraction.

It was only natural that the druggist should lose heart and become disgusted with the doctor and his prescriptions; and who can blame him? He has spent years in preparation for his calling, invested considerable capital, is chained down to his store like a watchdog, and all he has to do is to

transfer pills from one container to another or change the labels of an original package of some panacea.

Enter the patent medicine man.

With the shrewdness born of a life of trickery he persuades the druggist to act as agent for his wares by offering large profits and free advertisements. The druggist has already lost interest in his profession, and the allurement of large financial returns is too great to overcome. He thus enters into the patent medicine business with the same kind of an abandon with which a woman, having lost her virtue, becomes a prostitute. He has lost self-respect and is in it for all the traffic will bear. He now devotes his energies to the sale of patent medicines, soda water, toilet articles and counter prescribing. The separation between the druggist and the doctor is now complete.

Enter the ready-made tablets manufacturer.

He shows the doctor how the druggist—his enemy—is working against his, the doctor's interest; how he abuses his trust by renewals and substitution, and how it would be more prudent for the doctor to dispense his own remedies. The arguments seem sound, and the doctor takes up dispensing.

In the meantime, the cut-rate stores shave off the profits on patent medicines, while the educational campaign started by Collier's Weekly and other decent journals, cuts down the demand; the candy stores take away the soda water trade, and the department stores gobble up the trade on toilet articles. The retail druggist is left high and dry, and if he cannot meet expenses by the sale of postage stamps and castor oil, is forced into bankruptcy.

The Outlook.—If everything were satisfactory insofar as the doctor is concerned, we would not feel like shedding tears over the downfall of a profession which has sold its birthright for a mess of pottage; but it is not. The dispensing of ready-made tablets is by no means an unmixed blessing. Most of the tablets are either uncertain in their action or inert. Thus, to quote a single example, the American Medical Association laboratory found that tablets of bismuth, opium and phenol varied in their phenol contents from 12 to 72 per cent. of the amount claimed in the formula. The use of tablets which may be uncertain in their action in cases of serious illness may prove disastrous. We have on several occasions succeeded in restoring lost cardiac compensation by the use of fresh preparations of digitalis, after several other doctors who depended on tablets, containing digitalis, failed. Furthermore, we are gradually learning that in the treatment of disease the cases may be roughly divided into two large groups: those which do not require

medication and those which do. In the first group the condition should be relieved by agents other than drugs, while in the second group well-known drugs should be used and administered in such doses and at such intervals as to get definite effects. This cannot be accomplished by tablets which are uncertain in their solubility, absorption, and even composition. The time is not far distant when the intelligent physician will choose for his armamentarium a few well-known drugs and prescribe them in freshly prepared combinations.

When that happens the druggist will come into his own, and a bond of friendship will be re-established between the pharmaceutic and medical professions.

Let us hope that this time will come soon.

MEDICAL FEES.—The question of fees has occupied the attention of the medical profession for a number of years, but is becoming particularly acute at the present time when it is so difficult to make ends meet on an income which was ample a few years back.

Of course, to those who believe in and live according to the convenient doctrine of "everybody for himself and the devil take the hindermost," any concerted action in the matter appears unnecessary and undesirable. However, the majority of doctors still adhere to the notion that the profession is a brotherhood, and what affects one affects all, what benefits one benefits all and what injures one injures all. Is not this the sentiment which actuates the doctor in helping his fellow practitioner in time of need? Is not this fraternal spirit the mainspring of medical ethics? Was it not the concerted action on the part of the doctors that made the insurance companies restore the fee for examinations to $5? Is it not the entire fraternity that is fighting lodge practice and other abuses which tend to pauperize the doctors? It is this fraternal spirit and not the selfishness of a few that actuates the steps taken by various medical societies all over the country to regulate the medical fees to tne extent of insuring a living to all.

The Montgomery County (Illinois) Medical Society passed the following resolutions:

Resolved, That each physician in the county shall render statements regularly to each patient within three months after services have been rendered, then statements shall be sent every thirty days for two months, or until two subsequent statements have been sent, when, if no provisions have been made for adjusting accounts, the bill shall be given to a collector, and the name of such persons shall be

reported into the physicians' delinquent list; and be it further

Resolved, That a copy of the Physicians' Delinquent List be furnished to each physician of the county who desires it, with recommendation that no further credit be extended to such delinquents until they have made satisfactory settlement with the physician or physicians with whom they are delinquent; be it also

Resolved, That it is deemed advisable that the Montgomery County Medical Society should adopt a Business Bureau, consisting of five members, the same to be elected one each from Litchfield, Hillsboro, Nokomis and Raymond, and the chairman of the county society shall be a member and chairman *ex officio* of the bureau. It shall be the duty of each member of said bureau to keep a list of all delinquents in his district reported to him and to furnish a copy of same to the chairman of the bureau, the said chairman to keep a list of same open to all physicians of the county; be it further

Resolved, That the following fee-bill be adopted and adhered to by all members of the Montgomery County Medical Society and recommend the same as the official fee-bill for all physicians of Montgomery County.

Rate charged for professional services adopted by Montgomery County Medical Society:

Office fee (minimum charge), $1.

Visits within city limits (daytime), $1.50.

Visits within city limits (at night), $2.

Visits in country (daytime), 50 cents per mile, plus $1.50.

Visits in country (at night), 75 cents per mile, plus $2.

Consultation fee (mileage as above extra), minimum, $5.

Obstetric cases (uncomplicated), mileage extra, $15.

When complications exist, extra, according to nature of complications.

Surgical cases (requiring anesthetic), $10 and up.

Anesthetic (administered anywhere), minimum, $5.

The Medical Society of the District of Columbia took similar action, except that the fees are very much higher, and the entire field of possible medical services is covered.

We appreciate the following suggestions received from Dr. G. H. Simmons, the editor of the Journal of the American Medical Association:

"I think that your plan of working up the National League for Medical Freedom matter is good. If you would follow up a few of the letters by asking questions, you

might win over some of the men. For instance, ask the Rev. Thomas P. Holloway if he realizes that this league was organized by those who are being injured by the exposes which the American Medical Association is making in regard to quackery and quacks; also if he realizes that next to the 'patent medicine' people the Christian Scientists seem to be the chief supporters of this league. There are several other questions you might ask, but particularly ask what unjust laws there are that he opposes. All that is necessary in many instances is simply to *ask questions.*"

Our Survey.—A word of explanation regarding our survey of the medical practice in this State. It seems that the majority of physicians who received our postals misunderstood our object, and were needlessly alarmed at what they considered as an intrusion into their private affairs.

When we assumed the editorial management of the Journal we determined to consecrate our best efforts to the interests of the profession. In our editorial on the "National League of Medical Freebooters" we took occasion to show to the public just what the medical profession is and what it stands for.

It was our intention to follow this up with another editorial showing:

1. That the average income of the doctors is not commensurate with the time and energy devoted to their calling.
2. That the doctors render gratuitous services far in excess of those rendered by any other profession.
3. That the doctors, more than any other professional men, suffer from non-payment of their bills.
4. That it is to the interests of the community to enable the doctors to live and provide for their families.
5. That the poorer the doctor the poorer his services, and it is the doctor who charges enough for his services that is able to devote time to study, research and to his patients, and thus become of greater value to the people.

As we wanted to back up our statements with facts, we decided to gather information in the only way possible, namely, by asking questions. Realizing, as we did, that individual physicians would not care to disclose their affairs, we cautioned them to make their replies in such a manner as to preclude the remotest possibility of identification. How any one could find objection to this method of collecting data is more than we can understand.

We have not the slightest desire to learn what any individual doctor's income is, and even should we harbor such an absurd curiosity, we are not enough of a Sherlock Holmes

to identify any of the doctors by their replies. Moreover, the doctors are privileged to leave such questions unanswered as would, in their judgment, enable a Sherlock Holmes to identify them.

We repeat, we sent out our questions in good faith, actuated, as we are, by one desire only, and that is to serve the profession.

We sincerely hope that the doctors who have failed to send in their replies will see the matter in its true light and will assist us in our work.

LETTERS TO THE EDITOR

Comments on Quackery

Editor Delaware State Medical Journal:

Your attack on the National League for Medical Freedom is a good move in the right direction. However it will be to some extent an up-hill pull, owing to the fact that the masses are ignorant concerning disease, and are always willing to side with the quack or charlatan. It would not be so exasperating if the ignorant or illiterate were the only ones, but when you see lawyers and even judges take sides with outlaws, cheats and frauds, it is simply beyond our comprehension.

I have had some experience in this line and appreciate your honest endeavors.

Some time ago I had arrested in our town a woman representing a remedy called Viavi—they have an office in Wilmington. Do you know anything about them?

Strange to say I think about nine-tenths of the citizens of Milton sided with her. She even had the sympathy, blindly of course, of one of our ministers. If I can succeed in getting up with her I shall have the case tried before our courts. She has humbugged some of our poor citizens out of considerable money. One poor widow woman she promised to cure of a cystic ovarian tumor, and succeeded in getting from her $90.75. In another case of a child with paralysis of a leg she suceeded in getting about $200. Money in advance of course. If the laws of Delaware do not protect its citizens, then why have any medical laws at all? I hope you will succeed in convincing the people that they are simply supporting a humbug and when their eyes are opened they will have just cause to thank you for your

efforts in eradicating something that is worse than a contagious or malignant disease.

ROBT. B. HOPKINS.

[Comment: The "Viavi" treatment was originated 20 years ago in San Francisco by two poor but shrewd young fellows, the Laws brothers, who have since amassed millions from this fraud. The system consists of a capsule, a cerate and a douche, fortified by fraudulent and exaggerated statements of the usual patent medicine type. The capsule is supposed to contain nothing but extract of hydrastis and cocoa butter. The cerate is described by Covey as consisting of tallow, lard, boric acid and coloring matter. Whatever local benefit is derived comes from the simple douche. The rest is fake and suggestion.—Ed.]

Medical Progress

DYSMENORRHEA. — Dreukhahn recommends injection into cervical canal of 1 mg. atropin dissolved in 1 c.c. of water. If there is no speculum or syringe at hand, introduce a small cotton wad moistened with 1 per cent. solution of atropin.

OBESITY.—In the dietetic treatment of obesity Sternberg suggests the use of sweets, coffee and chocolate before meals to reduce the appetite for food.

TEST FOR FREE HYDROCHLORIC ACID.—A simple and convenient test for free hydrochloric acid in the stomach is suggested by Fuld. The patient is given the usual test meal and one hour later a drink of an aqueous solution of sodium bicarbonate. Effervescence, in the presence of free hydrochloric acid, takes place at once, and can be readily detected by auscultation. The approximate amount of free acid may be ascertained by the quantity of the soda solution which produces disappearance of effervescence.

X-RAY DIAGNOSIS IN THE DIAGNOSIS OF TUBERCULOSIS.—Radiography shows a small heart and the peculiar shape of the intercostal spaces, the ribs being disposed somewhat like roof tiles. The clavicle presents an augmentation on the inflection of its external extremity, the scapulas are lighter, the internal and superior vertex is more elevated.

In late stages of consolidation the consolidated areas may be shown.

EARLY SYMPTOMS OF TUBERCULOSIS. — Prominent bright eyes, often with dilated pupils; morning pallor; a feeling of fatigue on arising in the morning, even after a good night's rest; shortness of breath on exertion; a quickened pulse, unaffected by a change of position; an evening rise of temperature; and a dry hacking cough on assuming a recumbent position.

In examining the chest remember that there is normally an increase of vocal fremitus and slight dullness over the right apex. There is also a harsher and louder breathing over the left base.

A positive tuberculin test is much more diagnostic in children. From the ages of one to six a positive reaction indicates active tuberculosis.

Robin, of Paris, found that contrary to the accepted opinion there is increased oxidation in tuberculosis. A healthy man consumes 167 c.c. of air per kilogram of body weight per minute. For phthisical patients the figures are as follows: Men, 192 c.c. and women 225 c.c. A normal man consumes 5.13 c.c. of oxygen, a tuberculous man 8.72 c.c. and a woman 10.29. A healthy man expires 4.17 c.c. of CO_2 per kilogram per minute, a phthisical man 8.85 and woman 7.5 c.c. A healthy man absorbs 0.85 c.c. of oxygen per kilogram per minute, a tuberculous man 1.87 and woman 2.5. This increased respiratory activity has been observed in the earliest stage, long before physical signs are perceptible.

Ergot is indicated in meningitis of typhoid fever, pneumonia, rheumatism, cerebro-spinal fever, and influenza. It is also of value in delirium tremens and the cerebral excitation of a post-alcoholic debauch. It should be used hypodermically, the dose being 15-30 minims, injected into the muscle.

DIAGNOSTIC HINTS.—Richard C. Cabot presents the following suggestions:

1. Never make a diagnosis of uremia in a patient seen for the first time in an acute illness characterized by coma or convulsions. Such diagnoses rarely turn out right.
2. Never make a diagnosis of ptomain poisoning with-

out definite chemical evidence. General peritonitis or a tabetic crisis is usually the correct diagnosis.

3. Make no diagnosis of hysteria, neurasthenia or psychoneurosis in a patient whose symptoms begin after the forty-fifth year. The actual diagnosis is likely to be arteriosclerosis, hyperthyroidism, dementia paralytica, or pernicious anemia.

4. Diagnosis of tertian malaria in patients whose symptoms resist quinine more than three days are almost invariably wrong.

5. Bronchial asthma beginning after 40 usually spells heart or kidney disease.

6. Epilepsy beginning after 40 usually means dementian paralytica or cerebral arterio-sclerosis.

7. Typical migraine is often a symptom of unrecognized brain tumor or chronic nephritis.

8. Most cases of "bronchitis" mean tuberculosis, broncho-pneumonia or multiple bronchiectasis cavities.

9. Aside from the immediate results of acute infections (such as scarlet fever, diphtheria, tonsilitis and pneumonia) "acute" nephritis usually turns out to be chronic.

10. Acute gastritis and gastralgia usually mean appendicitis, gall stones or peptic ulcer.

11. Pus in or near the liver is often mistaken for serious or purulent pleurisy, for it produces identical signs in the right chest posteriorly.

12. An X-ray of the shin bones may give the first hint of an active syphilitic process in the joints or internal viscera.

13. Systolic or presystolic murmurs, heard best at the apex of a markedly enlarged heart, rarely mean valve lesions.

14. Diastolic murmurs at the base of the heart are very uncertain evidence of aortic disease unless there are characteristic jerkings in the peripheral arteries.

15. Myocarditis is a diagnosis which should never be made clinically.

16. Besides the direct evidence afforded by the history and the various methods of physical and chemical examination, diagnosis profits much by taking account of certain familiar pathologic chains or groups of them. Given one or two members of the group, it is often wise to act as if the other were present, provided of course, that the direct evidence in no way contradicts us.

17. Cerebral localization applied to tumors, hemorrhages and the like is still in its infancy.

18. The clinical diagnosis of the so-called diseases of the blood is the easiest and safest in medicine.

Lichen Planus.—According to Schamberg, this distressing affection is in nine out of ten cases due to an exhausted nervous system. There are some patients, however, in whom the eruption is accompanied by joint pains and in these subjects, salicylates appear to act well, both on the joint pains and the eruption.

Diluted nitric acid in small doses is also at times of value in this condition. Arsenic, which has long enjoyed a reputation, often does well in the less inflammatory type. Mercury acts wonderfully well in some cases and he frequently uses the two together in the form of Donovan's solution.

Lichen planus is always curable; it may take a month or two to get rid of the condition. If the itching and the eruption prove obstinate, he has found the mild use of the X-ray extremely valuable. When the eruption disappears, a certain amount of staining will remain for a time.

Epididymitis.—

Menthol ..... 15 grains
Ungt. belladonnae ..... 20 grains
Ungt. crede ..... 30 grains
Ichthyol ..... 1 drachm
Petrolatum q. s. ad..... 1 ounce

Apply externally.—Bethune.

For Ivy Poisoning.—In acute stage 20 per cent. permanganate. After acute symptoms subside, Hemmeter's ointment:

Bismuth subgall. ..... 1 drachm
Sol. epinephrin (1:1000) ..... 100 drops
Lanolin ..... 5 drachms
White petrolatum q. s. ad..... 1 ounce

Public Health

Society to Promote Social Hygiene Formed Here.

A meeting was held in St. Andrew's Episcopal Church for the purpose of forming an organization to be called the Delaware Society for Social Hygiene.

The Rev. Hubert W. Wells presided. The Rev. Mr. Wells outlined the purpose of the meeting.

The Rev. Irene Earll, a woman minister of the Univer-

salist Church and lecturer for the New York Society for Sanitary and Moral Prophylaxis, who was present, was ready to give all the information possible to that end. Mr. Wells introduced Dr. Earll, who told of the work being accomplished by the society in New York and spoke of the great need of an organization in this city. She said that in New York they have twelve lecturers, of which she is one, who speak before the mothers' and parents' club of the New York public schools, and also boys and girls in settlements and various other institutions.

Following Dr. Earll, speeches were made by Dr. Victor D. Washburn, who is a member of the New York society; Dr. H. A. Cleaver, Dr. Hannah Thompson, Caleb E. Burchenal, the Rev. C. A. Henderson, E. Ross Farra and others.

Mr. Henderson then moved that a temporary organization be formed, which was promptly seconded. The following officers were then elected as temporary officers, until such time that the organization will be made permanent: Dr. Victor D. Washburn, president; Mrs. Henry Jackson, the Rev. R. L. Jackson and Mrs. Emma Worrell, vice-presidents; Dr. S. Ostro, corresponding secretary; Mrs. Austurbus, recording secretary, and Professor R. Edward Rhoades, treasurer.

The meeting then adjourned to such time as the temporary officers name. The meeting was enthusiastic. About forty members were present and signified their intentions of making the organization one of the leading in the State.

The National Confederation of State Medical Examining and Licensing Boards will hold its twenty-second annual meeting in Chicago, Illinois, on Thursday, February 29, 1912, at the Congress Hotel.

The subjects to be considered at this meeting will be: "The Good a Federation of Medical Boards Can Do;" "What Should Be the Qualifications for Membership in a Federation of Medical Boards;" "Methods of Conducting State Licensing Examinations;" "Medical School Equipment and State Board License Examination;" "The Organization of a Federation of State Medical Boards."

The topics to be presented are practical to all those interested in medical education and a federation formed upon lines to be suggested will necessarily prove fruitful.

An earnest and cordial invitation to this meeting is extended to all members of state medical examining and licensing boards, medical teachers, delegates to the Council on Medical Education of the A. M. A., and all those interested.

The officers of the Confederation are: President,

Charles A. Tuttle, M. D., No. 196 York street, New Haven, Conn.; Secretary-Treasurer, George H. Matson, M. D., State House, Columbus, Ohio.

Between Ourselves

We are pleased to note that one of our women physicians, Katherine L. Storm, is making success in her work in Philadelphia. In writing to us about an advertisement in the Journal, she says: "This is the first I ever knew that there was a Journal of the Delaware State Medical Society, though I lived in Delaware many years myself and claim to hail from Delaware. I taught school for many years in Milford and Smyrna, and may not be unknown to some of your people." Dr. Storm manufactures and sells the Storm Binder, which has achieved a wonderful growth in the favor of the medical profession.

Dr. John Ostro, brother of M. Ostro, graduate University Maryland, has located at Sixth and Pine streets.

Dr. H. Thompson is seriously ill at the Delaware Hospital.

Motor News for Doctors

The physician today finds that he has to do away with "Old Dobbin" and relegate him to the bone yard, regardless of how faithful he may have been, and buy an automobile to take his place.

When the doctor has made up his mind to take this step the very first thing he does is to ask his colleagues what success they are having with their several different makes of cars. The information he receives this way is bias to a great extent, for the reason that every automobile owner will say that he has a good car, regardless of all the troubles he may have had.

In the first place, physicians as a whole are known to be very poor business men, and it is the writer's experience that

they know less about mechanics, and the only reason that they own an automobile is because it is a matter of business with them in more ways than one. It adds prestige, and this alone will increase a doctor's business, and with a natural increase the doctor would have in building up his practice, he soon finds that by using an automobile he can look after his patients in an easier manner, and will have more time to devote to his office practice.

Now, the best place for a doctor to get information about automobiles is from the man that sells them. He, of course, will have to use some judgment in doing this, as it is a known fact that every dealer that sells a car will say that his brand is the best.

There is an old story along this line which might illustrate this matter in a better way than anything I might say:

Marshall Field, the great merchant of Chicago, some years ago decided that he wanted to purchase an automobile, and he went around from one dealer to another, and of course, each one told him his car was the best. In every case he asked them what they considered was the next best car, and in each case they all mentioned one and the same make of car. From the information that Marshall Field gathered he decided that as long as the dealers all agreed as to the make of the second best car, that that was the car he would buy, which he did and has always been satisfied.

Now, the great tendency that a physician has in purchasing his first car, is to buy a little light runabout, and the cheaper they come the better he likes it. Of course, his circumstances have a great deal to do in this matter, and he possibly buys to the extent of his pocketbook, but if he would only go into the subject a little farther and buy a high-grade rebuilt car, the service he would receive from same would be much more satisfactory. When he purchases a cheap car, he has more or less minor troubles with it, even if it is brand new, and as it grows older, parts begin to wear here and there and he finds it a great source of expense and considers that all automobiles are alike.

Then he starts around to see about getting a new car and trading in his old one, and he discovers that his car is worth about half, or less than half the price he paid for it after about six months or a year's use. In a great many cases the depreciation is even greater, especially where a car is bought from an irresponsible manufacturer who goes into the hands of a receiver, or just peters out in a natural course of events. When this is the case, the depreciation is about double what it would naturally be.

A person would only have to put up a little extra money to buy a high-grade rebuilt car, and the additional satisfac-

tion and service to him would be worth about ten fold what he paid for it. When he drives a car of this brand for such a length of time that it would be necessary for him to have it overhauled, he could trade it off for a later model of the same make all ready for the road and guaranteed to him the same as a new car, and he would save the expense of any overhauling, and would never be out much more than the first investment.

These facts and figures can be given to you by any first-class dealer in high-grade cars, and a little consideration on your part should demonstrate the matter to you in such a way that you could buy one of these cars, and give your full attention to your practice and let the agent do the worrying about the car.

Of course, you must understand that in doing business this way you must pick out an agent who is responsible and whose past record has been thoroughly satisfactory to the people who have purchased his cars.

There are a lot of black sheep in all flocks, and in a business that is as new as the automobile business, the black sheep are liable to predominate, but a physician who is able to tell a sick man from one who is playing off, should also be able to tell a responsible agent in automobiles from one who is not.

It is my opinion that there are more satisfied owners of high-grade rebuilt automobiles than there is in all the owners of cheap automobiles put together, and I also believe that if you will give this subject the same consideration that you give to your sick patients, you could all own good cars, as they would not cost you any more for up-keep than the cheap cars would, and your own satisfaction would be greater and your prestige enhanced that much more.

FRANK ALDERMAN.

The number of machine owners is increasing at an astonishing rate. Ten years ago, there were only 3,500 cars owned in the United States. At the end of 1909, there were 250,000; now there are 400,000. In 1908, only 55,000 cars were manufactured in this country. The following year the number increased to 80,000. In the ten months of 1910 to November 1, 175,000 machines were produced. Automobiles were exported to the value of $11,190,220. Two companies were incorporated, one with a capital of $60,000,000, taking over twenty subsidiaries, and the other with $16,000,000, bringing together eight or ten smaller producers.

Dr. E. Q. Bullock has purchased a Model 34 1912 Buick.

Dr. J. H. Spruance has purchased a 1912 Maxwell.

Dr. A. Robin has purchased a 1912 Ford runabout.

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For the general practitioner the use of stock bacterins is advisable because valuable time is thereby saved.

It is well recognized that mixed infections are usually present in infectious diseases. **"Mixed" and "polyvalent" (many different strains) bacterins are therefore becoming deservedly popular.** As regards their use, Polak states:

> "The mixed vaccines of reliable laboratories have given better results than when a single variety was used. This has been shown repeatedly in the blood picture when an autogenous vaccine of a single strain used in large doses up to 500,000,000 has failed to increase the leucocyte-count or diminish the polynuclear percentage, the mixed vaccines of several strains have promptly produced a marked leucocytosis. Even colon bacillus infections, such as the infection of a pelvic hematocele by the colon bacillus, have yielded more promptly to mixed vaccines of polyvalent strains than when a single autogenous germ has been used." (Journal American Medical Association, November 25, 1911, p. 1738.)

The prophylactic value of bacterins is proved beyond question in typhoid fever, and preventive medicine suggests immunization against streptococcic, colon, staphylococcic, pneumococcic and tubercular infections by the use of their corresponding bacterins.

The results following the general use in the U. S. Army of typho-bacterin in protective vaccination against typhoid fever are little short of marvelous. "During the past three years 60,000 men completed the three inoculations; but twelve cases of typhoid fever developed during this time and no death occurred." (Phalen and Callison, Medical Record, December 9, 1911, p. 1203.)

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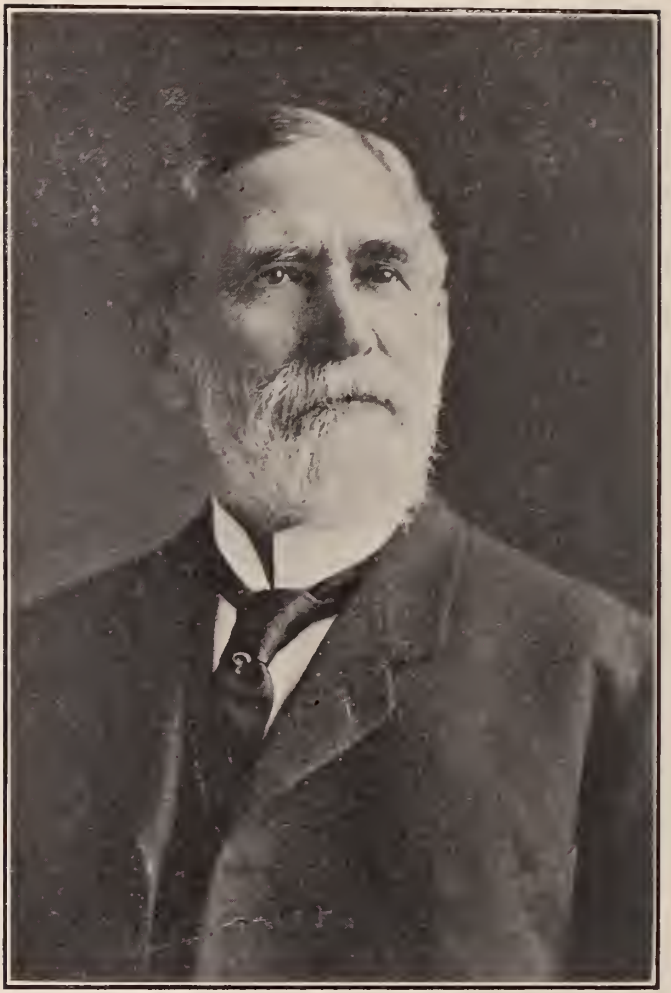

HIRAM RODNEY BURTON, M. D.

Dr. Burton was born at Lewes, Del., where he has since resided most of his life. Was graduated from Medical Department of the University of Pennsylvania in 1868. Practiced his profession at Frankford, Sussex county, Del., and later he returned to Lewes, where he has since successfully practiced his profession. Dr. Burton was elected to Congress in 1896 and re-elected in 1900. Since the expiration of his term in Congress, he has continued his practice in Lewes. Dr. Burton has always taken an active interest in the Delaware State Medical Society. He was honored with the second vice-presidency of the American Medical Association at its meeting at Atlantic City. He was one of the first appointed by the Governor on the Delaware State Board of Medical Examiners, in which position he served for several years.

Delaware State Medical Journal

Original Papers

Hysteria

By T. H. Davies, M. D., Farnhurst, Del.*

In presenting this paper for your consideration I do not expect to offer anything very new, for I feel assured that every member present has had some experience with cases of hysteria, and are familiar with the various phases of the disease, but it is my desire to correct, if possible, some erroneous ideas relative to causes and treatment and to impress upon your minds the importance of studying each individual case as regards family history and habits. Oftimes a patient will send for you and a diagnosis is made without difficulty, a prescription is left for some hypnotic, and you will perhaps leave without further adieu without even a sympathetic word; this, no doubt, will be your last visit, for while these patients require a moderate degree of firmness, they demand sympathy.

Very often these cases drift from one physician to another until they find one who shows some interest in the case, and it is indeed surprising what an influence this particular physician will have upon the patient, and while he may not be able to prevent further attacks, he will probably be the means of preventing the case from developing into a confirmed neurasthenic, for this is the ultimate result in neglected cases. Hysteria is recognized at the present day as a mental trouble, which, unlike the forms of psychosis usually classified under the old term insanity, reveals itself more distinctively through the motor, sensory and trophic apparatuses than they do. The paralyses, anasthesias and other forms of the disease are clearly mental in origin.

In regard to the etiology, opinions differ and we must be content with the theories advanced by the present day writers. The uterus, on acccount of which the disease received its name, is not the cause, neither are any of the sexual organs, or the sex of the individual. The blame for hysterical conditions cannot be laid upon any single tissue or

*Read at the meeting of the Delaware State Medical Society, October 10, 1911.

organ of the body. The primary cause is to be found in the patient's mental makeup, his temperament, his mental instability, which is more or less congenital and constitutional.

The secondary causes that may precipitate an attack are innumerable and include such factors as early education, discipline, environment and local diseases. From the foregoing statements you will readily surmise that heredity plays the greatest role among the predisposing causes of hysteria. The heredity is usually direct and transmitted through the maternal ancestry. The mother, grandmother, or maternal aunts of the patient will be found to have been hysterical. Epilepsy, chorea or neurasthenia may have been the trouble in the ancestry. Chronic alcoholism, excessive use of tobacco and other forms of dissipation involving nervous strain may transmit to the offspring the neuropathic temperment that needs but an exciting cause to provoke a genuine attack of hysteria. For a long time it was believed that hysteria was a disease of women only. On the contrary, we find that it is a disease of both sexes and of all ages, although considered rare after the climacteric. Foremost among the exciting causes are emotional shocks and strains, such as terror and disappointed love. The symptoms following lightning stroke, earthquakes and railroad accidents are often purely hysterical. In regard to the diagnosis, the symptoms are numerous and time will not permit me to go deeply into the subject, but I will endeavor to point out some of the more important ones. In an ordinary uncomplicated case, hysteria is not difficult to detect, however the large majority of cases are not of the ordinary or uncomplicated type, hence the diagnosis of hysteria is always a matter demanding caution. Hysteria may simulate almost every known combination of symptoms, no two major attacks are alike. In general they are prolonged, lasting perhaps an hour or more, occasionally days.

Hysterics exhibit the hallucinations, delusions and illusions of the most profound forms of mental alienation, all forms of sensation may be affected, the pains may be of every sort and may be located in all parts of the body, the patient dislikes combing of the hair as they complain of an area of pain at the vertex, a position not commonly selected by headaches from other causes.

Pains are frequently complained of in the region of the ovaries and mammary glands. In all cases of genuine hysteria these areas are highly sensitive and may be painful on pressure.

Mettler speaks of cases in hysterical men who suffered from sharp pain in the testicle, usually the left. Hystero-

epilepsy is merely a severe form of hysteria in which the state of consciousness and convulsions resembles somewhat that of epilepsy and is a misleading term. In this particular form the patient will fall to the ground, the eyes are closed, the head rigidly drawn backward, the tongue is protruded and sometimes bitten, the face is red and then cyanotic, the hands tightly closed, the back is arched and the whole body is stiff. She cries, laughs, screams, barks, scolds and seems to be in a perfect delirium of mind and muscle.

In the treatment of hysteria the guiding thought should always be its psychic nature and the treatment of the hysteria of childhood differs in no special respect from the treatment of hysteria in the adult. To ward off hysteria in one who has been born of neurotic parents, who shows in early life a congenital neuropathic temperament, or who has begun to reveal hysterical manifestations as the result of a too close association with a hysterical mother, such a child should be removed from home, if possible. Her studies should be regulated, and the employment of all measures, persuasive, educational, social and disciplinary and every other kind that will tend toward an even, systematic, well balanced mental and physical existence. Passing on to the treatment of the adult, in the first place, the same sort of prophylactic treatment and discipline is as applicable as in the child; its results, however, will not prove so happy because the adult cannot be so readily controlled and too often will not submit to proper self-discipline. Physical diseases with which hysteria is so often associated, must, of course, be removed. Ill health must be corrected with tonics, exercise, massage, baths, electricity, proper diet and sleep. In regard to the use of medicines in hysteria, it may be generally stated that they are of little value. Valerian, assafoetida, quinine, sumbul and the bromides may all be tried, but without psychotherapy will usually be found wanting. Opium and chloral must be avoided, chloroform inhalations may be used to relieve cases of convulsion and contracture.

The Weir Mitchell method of seclusion, with a daily systematic program, modified, of course, for each individual case, is often the only means of obtaining the desired influence over the patient. The physician must frequently impress the patient with not only his mastery, but also with the superiority of his mind and mental attainments. He dare not be boastful, but he must command the patient's respect and admiration. If the physician's mental endowments are such as to cause an accomplished hysteric to hold small respect for him, it is obvious that he will have but little of her confidence, and so much the less mental control over her.

Hypnosis itself is a hysterical condition, and the substitution of one hysterical state for another may be inadvisable and should only be resorted to as a final measure.

References: Mettler, Diseases of the Nervous System.
Osler, Modern Medicine, Vol. No. 7.
Berkley, Mental Diseases.

Typho-Bacterin

By Wm. Marshall, Jr., A. B., M. D., Milford, Del.*

For the prevention of typhoid fever I would call the attention of the Society to the use of typho-bacterin. Typho-bacterin injected hypodermically sets up within the human system reactions which result in the formation of antibodies, protecting the person so treated against the invasion of the bacillus typhosus to such a degree that we have today in the hands of those who use it as valuable a remedy in the prevention of typhoid as vaccination is against smallpox.

For several years statistics have been piling up on the subject and any one who studies them cannot help but be impressed with the great value of these preventive inoculations. Boards of Health of various parts of the world are following in the footsteps of the medical men of the armies and navies of the civilized countries in looking for the prevention of typhoid to the use of typho-bacterin. Surely we, as physicians of one of the most progressive sections in the United States, can greatly benefit our State by the adoption of the thoroughly proven worth of this idea, for it will mean the lessening of one of our most prevalent and destructive diseases.

The working principle of the procedure is the same in giving protection as that of an actual attack of the disease. Typhoid bacilli are grown on suitable media, then suspended in "salt solution" in proper dilution, and, after being killed by exposure to heat on three successive days, are injected under the skin on three separate occasions. The first dose of 500 million is followed ten days later by 1,000,000,000, and the final dose of 1,000 million ten days after the second. The effects of the bacterial administration are noticeable in about 10% of cases a few hours after each injection. Symp-

*Read at the meeting of the Delaware State Medical Society, October 10, 1911.

toms include soreness at the site of injection, slight rise of temperature, vague pains in different parts of the body, and malaise; in other words the patient says he feels as if he were "catching gold." After lasting a few hours the symptoms all disappear. Rarely do they last as long as forty-eight hours, and never is there any danger from the dose itself. In 90% of those treated patients show little or no trouble but they get the protection just the same as those who show reaction.

After the lapse of from eight to ten days, antibodies begin to appear in the blood, thus showing a partial immunity; but a second and third administration of the bacterin are necessary to complete a degree of immunity that is capable of absolutely protecting against the disease.

I have been using this bacterial means of protecting nurses and others exposed to the disease for over two years. I have had absolutely no evil effects from it and have found it to be of great service in my cases.

The statistics already gathered by others show beyond a doubt that the immunity conferred lasts at least five years, but as the procedure has been in general use only a few years, we have every reason to infer that its lasts a life time.

To show the worth of these inoculations I would say that in the United States Army all recruits under 45 years of age as well as all old soldiers are compelled to receive this protection.

To recapitulate; three injections are necessary. After rubbing the skin at the site of injection (in the loose areolar tissue below the scapula or at the insertion of the deltoid muscle in the arm) with 75% alcohol, a small area is sterilized with tincture of iodine, the injection made with a sterile syringe, and the puncture sealed with collodion.

Transactions

of the

Delaware State Medical Society

Held at Lewes, Del., on October 9th and 10th, 1911

To the President and Fellows of the Delaware State Medical Society:

As your delegate to the Joint Annual Conference on Medical Education and Legislation held at the Congress

Hotel, Chicago, March 1, 2 and 3, 1911, I beg leave to submit the following brief report:

The first meeting was called to order at 9.15 a. m., March 1, by the chairman of the Council on Medical Education, Dr. Arthur Dean Bevan, of Chicago.

There were 157 delegates present representing medical colleges, State Examining Boards, Boards of Health and State Medical Societies.

The report of the secretary of the Council on Medical Education, Dr. L. P. Calwell, showed that prior to 1904, when the Council was organized medical colleges, mostly of a proprietary variety, had been rapidly increasing. In that year the maximum of 166 medical colleges with a total of 5,747 graduates was reached. There was a decrease of five from 1904 to 1907. In the latter year there was an inspection and classification of all the medical colleges in the United States by the Council. Since this inspection and public report at the next annual conference, thirty-seven colleges mostly of the inferior class, have closed their doors by merging with other schools, making stronger and better colleges or by becoming extinct altogether. So today instead of 166 medical schools we have but 129, with the standard of admission and graduation much higher. With the advance in colleges and medical education the standard has been raised by most State Medical Examining Boards.

The program for the day was arranged along the following lines:

First—Entrance Examination Requirements.

The papers and discussions were to the effect that there are yet many colleges whose standard of requirements, both for entrance and graduation, should be raised, and that there should be some system of standardization either nationally or by States.

Second—The College Course.

The agreement was practically unanimous that the medical course should consist of five years and that the fifth year should consist largely of practical hospital work, but there was quite a diversity of opinion as to whether the ancillary sciences, chemistry, physics and biology should be taught in the medical school or whether they should be included in the entrance requirements.

Third—Interstate Reciprocity to the Licensing of Physicians.

The general consensus of opinion was to the effect that national reciprocity was something to be aimed at and worked for, but as State laws and requirements differ so widely, for the present reciprocity should exist only between States of equal standing.

Fourth.—The Relation of State and Medical Education.

Medical education seems to be slowly but surely moving toward State universities.

The second day, March 2, was devoted almost exclusively to papers and discussions relative to medical practice acts. The papers and reports showed that the medical laws in the different States had been upheld by the courts.

The third day's session was devoted to the conference on medical legislation and consisted mostly of reports.

First—From the secretary, Dr. Green.

Second—The different States.

Third—The United States Army.

Fourth—The United States Navy.

Fifth—The United States Public Health and Marine Hospital Service.

Sixth—Carroll Memorial Committee.

There is yet much to be done by the Councils on Medical Education and Legislation along the line of raising standards and perfecting the work which should be interesting and of vast importance to physicians and local medical societies. We think this Society should send a representative to the annual conference.

Respectfully submitted,

G. Frank Jones.

Delaware State Medical Journal

Official Organ of the

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THE ONE EXAMINING BOARD.—We often blame the laity for their ready recognition of the various mushroom schools and sects in medical practice, and yet, if we come to think of it, we alone are to blame for this attitude. We admit the existence of "schools," and expect the layman to possess that fine sense of discrimination between the false and the true. We admit that homeopathy is a separate and distinct "school;" we even recognize eclecticism as a separate "school;" and the layman carries the logic to its ultimate conclusion and admits osteopathy, Christian Science, chiropractic and a host of other humbugs as separate "schools" with like reasons for existence. "If I am asked,—reasons the layman,—to accept homeopathy as a legitimate "improvement" on the practice of medicine, why should I deny the claims of the osteopath? If I am asked to believe that there are different systems of treating disease, why not admit the possibility of a new system superior or at all events equal to all others?" And the layman is right. He is logical. Moreover, we of the so-called "regular" school deny the rationale of the homeopathic principles just as much as we do those of osteopathy. To our mind the original homeopathic doctrine that all diseases originate from the "itch" is just as incongruous as the osteopathic doctrine that all diseases originate from a dislocation of the vertebrae. To us the teaching that a drug gains in potency by trituration is just as absurd as the immaterial material of Christian Science therapy. To us, the claim of the homeopaths that the correctness of their premises is proven by the results carries

no greater weight than similar claims made by the osteopaths and Christian Scientists. And yet we recognize the homeopaths as legitimate practitioners of medicine. Furthermore, in our own "school" systems have been evolved from time to time, each diametrically opposed to the other. Thus, Boerhaave, Culien, Brown and Rush believed in heroic remedies and denied nature's influence in curing disease. During a heated debate, Rush proclaimed that the time must come when the general use of calomel, jalap and the lancet without a physician's advice will be considered among the most essential articles of knowledge and the rights of man. On the other hand, the illustrious Louis and his school showed a complete skepticism towards drugs and a blind faith in the power of nature to cure disease. And even today, practitioners often differ as much in their treatment of disease as though they belonged to separate "schools." Is it any wonder that amidst this apparent chaos, the layman picks out a "school" which takes his fancy, and attributes our opposition to what he regards as simple jealousy? Often, his choice is determined by family traditions, very much in the same way as his choice of church affiliations. "I am a homeopath," you will often hear it said, "because my family has been homeopathic."

Now, the trouble is that, speaking medically, the laymen, and, alas, many a physician, still live in the last century, not having been touched by the remarkable progress of scientific medicine. Like so many Rip Van Winkles, they fell asleep a hundred years ago amidst the endless and purposeless, and acrimonious discussions on matters medical, and are not awake yet.

Broadly speaking, the practice of medicine is made up of science, philosophy, art and, we may properly add, faith. Philosophy, art, or methods of procedure, and faith belong alike to medicine and religion, and, therefore, in both these domains there has been the greatest difference of individual opinion, leading to the formation of "schools" in the one and denominations in the other.

Science, which is the classification of demonstrable facts, alone admits of no difference of opinion and insofar as medicine becomes scientific it precludes such differences, making the existence of schools absolutely untenable. Anatomy, histology, physiology, pathology, bacteriology, embryology, chemistry, including physics, and hygiene, including public health, are sciences and therefore not subject to difference of opinion, at least on the fundamental principles; and these branches constitute the foundation of modern medicine. The reason we now recognize homeopaths is not because we are ready to accept their philosophy and their art;

in fact, most homeopaths have already given up the obsolete tenets of their "school." We welcome them into our midst because they have accepted the sciences of medicine. There is no and cannot be homeopathic anatomy, histology, physiology, pathology and chemistry. Like the vast majority of physicians, the homeopaths recognize and follow the principles of hygiene and public health. Therefore, there is no and there cannot be any distinction between a scientific homeopath and a scientific "regular." This being the case, is it not the height of absurdity to have different examining boards whose duty it is to qualify aspirants to the practice of *scientific* medicine? Why not have a single examining board with additional members to examine on branches which are subject to controversy and therefor peculiar to each school? We refer these queries to our friends—the homeopaths and ask them to produce a single reason against a single State Board.

Now as to the layman's standpoint. The layman believes that he is not in the least concerned with the science of medicine. All he wants is to get cured of the particular malady from which he is suffering, and does not give a rap how and by whom he is cured. We, physicians, may address the following queries to the layman:

1. Do you believe that it is possible to cure a disease which is not recognized?

2. Do you believe it possible to successfully conduct a case of illness without the least knowledge of the nature of that illness?

3. Would you have a shoemaker install your plumbing, a carpenter build your bridges and cab driver run your locomotives? If not, why not?

4. Now if it is necessary to possess a knowledge of the structure and functions of the human body, both in health and disease, before one may recognize and correct the abnormal condition, would you or should you permit any one to attempt to treat disease in the absence of such knowledge?

5. If public health is essential to the welfare of the community, should not those who have charge of the health of the people possess an intimate knowledge of the fundamental principles underlying public health?

Once we get the layman to the point of admitting the reasonableness of our argument, we shall experience no difficulty in leading him to the next important step, namely, that he will demand from the osteopaths, Christian Scientists and all others who take the lives of people into their hands such knowledge of the fundamentals of medicine as would enable them to recognize the departures from health which we call "disease."

We will not accomplish this conversion of the layman so long as we are divided and divided without the slightest reason.

THE WOLF IN SHEEP'S SKIN.—When vested interests decide to fight adverse legislation they organize, and in order to conceal the real purpose of the organization adopt a designation and declaration of principles which would blind their victims. Thus, when the quacks and fakers sailed out to protect their interests which are threatened by the Owen bill they named their organization "The National League for Medical Freedom." When the possessors of predatory wealth and the beneficiaries of special privilege find themselves squeezed to the wall by public sentiment which tends to become crystalized into adverse legislation, they, the predatory rich, organize an "American Liberty and Property Association" with the following declaration of principles:

"Our system of taxation should not discourage the accumulation of capital by taxing the results of superior industry, ability or thrift.

"The best results to the community are attained under such open competition and personal liberty as does not interfere with the equal liberty of others."

At this rate we shall soon see the "second story" men organize into an "American Federation of the Champions of Liberty" for the purpose of opposing the tyranny of the police.

THE NATIONAL LEAGUE FOR MEDICAL FREEDOM.—Our readers have no doubt followed the controversy between this Journal and the "League." The battle was drawn out over many columns of newspapers, with the final victory on our side, which is the side of truth and reason.

Our first editorial which was republished by The Sunday Star was met by four full columns of matter consisting partly of "flowery" tirades and mostly of nonsense. The "flowery" part was culled from the campaign literature, the nonsense was original. The following gems, for instance, are illuminating: Our argument that the disinterestedness and purely humanitarian spirit are shown in the doctors' effort to stamp out epidemics is met by our learned secretary of the League in this wise:

"Now, the absurdity of this appeals to us for, let us suppose, that these physicians were to be sufficiently inhuman to allow these diseases to become prevalent, would they derive revenue? Suppose that the patient died, how would they get any revenue from them after this happened? Moreover, there is still another danger from this course of

procedure. Suppose that these physicians endeavored to not exactly cure the disease, but to merely keep them going along. This, itself, would be a fatal proposition because the patients would very soon lose confidence and go to other forms of treatment."

That is how Mr. Rearick understands preventive medicine. Again:

"What does our critic mean by the term 'medical profession?' Is there a single conscious individual on the face of the earth today who is engaged in healing the sick that does not believe he is practicing by the rational application of scientific principles to the diagnosis, prevention and treatment of disease? But what does our critic mean by the term 'medical profession?' Whom does it include? By way of illustration, does it include all those practicing in the Delaware Hospital, the Physicians and Surgeons Hospital, and the Homeopathic Hospital of this city? Does he mean to say they are all of one school? Do not these practitioners come within his definition of 'practicing on a rational application of scientific principles to the diagnosis, prevention and treatment of disease?' Then if these are all of one school, why should there be more than one hospital? Why was the Physicians and Surgeons Hospital formed? Why was the Homeopathic Hospital instituted?"

That is how Mr. Rearick understands the "medical profession."

"What chance," asks Mr. Rearick, "has an insurgent physician to obtain a license before an allopathic board, judging from the continuous fight they have put up against all new ideas in healing, except the new serum-pus treatment and other scientific (?) innovations advanced by themselves?"

A very good chance, indeed, if he only passes the examinations which are intended to show his knowledge of the human body in health and disease.

In reply the Editor sent the following letter to The Sunday Star:

"Any reasonable person will estimate at its full value the reply made by the League for Medical Freedom to our editorial reprinted in last Sunday's Star. A reasonable person, after learning the facts, will appreciate that by 'State medicine' is meant 'preventive medicine,'—the hygienic and sanitary measures which prevent disease and which can be enforced only by legislative enactments. He will also understand that the medical profession, in fighting for preventive medicine, is waging a war for the people; that the National League for Medical Freedom was founded by men

who oppose restrictions of their liberty to humbug the people for personal gain."

Then followed a full recital of the pedigrees and accomplishments of the several leaders in the "Freedom" movement, with the following conclusions:

"The reasonable person will wonder how many of these gentlemen participated in the conclave held at a New York hotel to discuss the danger to their interests that lay in the Owen bills; he will probably discern the Ethiopean in the wood pile when he is told by Mr. Rearick that 'the members of the League for Medical Freedom are in the warmest sympathy with the work of Dr. Wylie;'—the same Wylie who has been trying to restrict the 'freedom' of medical fakers and food dopers; the same Wylie whom the 'interests' tried to annihilate, but finding their efforts ineffectual, are content to have him where he is, in a subordinate bureau, hampered on all sides by the McCabes and the Wilsons, where he can do the least harm—to them.

"The reasonable person will also appreciate the soundness and fairness of the medical profession that demands from all who attempt to cure disease a knowledge of such fundamental subjects as would make the recognition of disease possible. Whatever methods of treatment a man employs, he surely should know the anatomy, physiology and pathology of the human body, and be sufficiently versed in diagnosis to be able to recognize such diseases as diphtheria, smallpox, scarlet fever, typhoid fever and the other infectious maladies. Let any one show that he knows these subjects, and no one will dispute his right to practice his particular method of healing.

"The reasonable person will pass over many of the childish arguments made by the writer of the 'Reply,' but he will still wonder whether after all this dreadful Owen bill, which seems to be the great bug-bear, is a safe bill to pass. To make his understanding of this phase perfectly easy, the Delaware State Medical Journal makes the following challenge:

"The Medical Journal will forfeit $100 to Mr. Rearick, or any other person, (enclosed find check to your order for that amount) who will establish the following claims:

"1. That the Owen bill originated with the American Medical Association.

"2. That the bill aims to restrict any one's liberty in the choice of a medical adviser, or to interfere with the various schools of healing.

"3. That by any interpretation the Owen bill, if passed, will empower the Federal government to interfere with the State rights to regulate the practice of medicine.

"4. That the Owen bill, if passed, will grant a monopoly of the healing art to any one school of medicine.

"5. Finally, that the Owen bill aims to do anything more than to render the existing bureaus relating to public health more efficient.

CONDITIONS OF THE CHALLENGE.

"The proposition of the Medical Journal is to select two prominent lawyers, satisfactory to both parties; have them go over the bill; and if the claims made by the League can be established on any legal grounds, the $100 will be forfeited.

"Failure on the part of Mr. Rearick to accept this challenge will be regarded as an admission of malicious misrepresentation."

Well, in reply to this challenge, the secretary of the National League for Medical Freedom filled up three more columns of newspaper space with a full recital of the concocted testimony before the Congress which reminds us of the testimony and depositions of the various bribery cases, but he refused the money. He did not want our shekels, he said. True, there is nothing in the Owen bill which will do the dreadful things the League claims it will, but it is an entering wedge which may be followed by real oppression of the poor citizen. The controversy is ended. Mr. Rearick, as the secretary of the local branch of the National League of Medical Freedom, stands accused of misrepresentation.

THE TYPHOID SITUATION IN WILMINGTON.—For some weeks past Wilmington has been threatened with a typhoid epidemic due to the pollution of the Brandywine with typhoid-laden Coatesville sewage. It develops that the wiseacres of Coatesville, like the wiseacres of Wilmington and other communities, lived in that happy frame of mind which is characterized by that old adage that "where ignorance is bliss it is folly to be wise." To them water is water, bacteria a "mortal error" and bacteriologists a lot of grafters. When cautioned by Dr. Dixon about the pollution of their water-supply they scoffed at this official and entertained themselves with pleasant jokes relative to fear of germs and the "alarmist." To purify the water-supply would cost money, and what would be the use to waste money on "theories." The inevitable has happened, and an typhoid epidemic, with over 200 cases and 20 deaths gave the wise citizens a rather rough and unpleasant shock. Now everybody is up in arms. Why was the sewage from the hospital permitted to empty into the stream? Why was the polluted water pumped into the reservoirs? Why did not the official

heed the warnings? Why was not this, that or the other thing done to avert the calamity? The excited citizen asks all these questions, hardly realizing that only a short time ago he was mildly applauding the officials' jokes about germs and pollution, and if he had been asked to vote on the expenditure of money for a purification plant, would have voted against it. At the present he is excited and hysterical, and willing to do everything. However, the chances are that with the epidemic over and forgotten, the self-same indignant citizen will relapse into his accustomed state of mental torpidity and object to expenditures of money for purification plants.

Now that the Coatesville people realize the reality of typhoid germs and sewage pollution, it would seem that they should be horrified at the very thought that their own sewage, charged with the deadly germs is dumped into a stream from which their neighbors obtain their water-supply, but this is another matter. The gentle woman who shrieks her indignation when her neighbors, with a case of scarlet fever in the house do not observe strict quarantine, wonders why her neighbors' children cannot come around to play with her little Willie when he has the diphtheria. It is all in whose ox is being gored. We all love our neighbor as ourselves so long as he does not step on our toes. Woe to him if he does! We venture the prophecy that when the question of a sewage purification plant comes up, our Coatesville neighbors will claim that their sewage becomes purified by the time it reaches Wilmington, that there is no danger whatever from their sewage, that these bacteriologists who claim the contrary are a lot of impractical scientists and "alarmists," that, after all, they have no other outlet for their sewage, and, furthermore, "what are you, Wilmingtonians, going to do about it?"

Now, here is a query we would like to propound to our National Leaguers for Medical Freedom, Christian Scientists and all those who oppose legislation in matters of sanitation:

"What are we going to do about it?" "How are we going to compel Coatesville to keep its sewage in its own back yard?" If the Coatesville sewage should be strong enough to kill the fish in the Brandywine, the problem would be solved at once. The Federal government would stretch out its strong arm to protect the fish. If the Brandywine would be a navigable stream, we would be saved, for the strong arm of our government would protect commerce. But if the pollution of the Brandywine threatens the lives of mere people—the government machinery stands idle with every cogwheel clogged. Would it not be fine if our Federal gov-

ernment could defend also the lives of men, women and children against the invasion of typhoid germs by way of Coatesville!

THE VALUE OF WATER-PURIFICATION.—The Coatesville epidemic has demonstrated once more the efficiency of sand filtration. When it is taken into consideration that the sewage from the Coatesville hospital, which is responsible for the epidemic, found its way into the Brandywine even before it was pumped up into the Coatesville reservoir; and, furthermore, that the excreta from a considerable number of unrecognized and therefore uncared for cases of typhoid have been emptied into our water-supply, our comparative freedom from typhoid fever can only be attributed to the efficient barrier interposed by the filters.

We respectfully ask those who objected to the installation of the filters to take notice.

SPARKLETS.—Mr. Rearick, the local representative of the National League for Medical Freedom, avers that there is already a Medical Trust. Sure enough! We only wish that somebody would "bust" up this "trust" with an average collection of only 50 per cent.

We are prepared to give the lie to those who claim that homeopaths cannot enter the government service. We have recently met two graduates of homeopathic schools in the naval service. Of course, they passed the same examinations as are given to other doctors.

A recent dispatch to a local paper announces the death of Lord Lister, the discoverer of *Listerine*. Is it not awful!

What would happen if the doctors of this State should one fine day give up their factional and fractional differences and agree to stand together?

We should think the millenium is here. And yet, it does not seem impossible!

The Supreme Court took a gay fling in a decision handed down in the case of Ira Collins vs. the State of Texas, which involved the right of an osteopath to practice healing under the laws of the State.

On the record accompanying the brief the statement was made that a female practitioner had testified that "in the practice of osteopathy we make use of osculation and palpitation." This sentence made the solemn justices smile. In the decision the court said:

"Apparently the record which makes a female practitioner testify that an osteopath makes use of osculation and palpitation has misinterpreted the scientific terms of the method employed."

THE THIRTY-CALL-A-DAY DOCTOR.—Dr. Cabot, in a recent address, remarks that one day, while riding along in the buggy of an old-time country practitioner, he asked him: "Why do we no longer hear of the tremendous practices formerly supposed to have been possessed by some men, who it is said, often over considerable periods of time, made their thirty and forty calls a day?" It was the older doctor's opinion that the laity has awakened to the fact that the doctor who is too busy has neither the time nor inclination to devote the necessary amount of attention to the individual case. Hence there is now, more than there was formerly, a stronger tendency toward an equalization of the amount of work the physician finds to do. The average patient is no longer content, and rightly so, with the perfunctory grasp of the wrist, glance at the tongue, one question about the appetite, another about the bowels, and then the hastily written prescription. It was formerly supposed by the young and struggling physician that whether he was busy or not it was necessary to appear busy. In other words, the less busy he was the more busy he had to be keeping up an appearance of being busy. This may still in some degree be true, but there is now a limit such as there did not seem to be formerly, when people were glad to wait half a day for the privilege of being given two and one-half minutes' attention by some famous but overly busy doctor. It is well for us to keep the golden rule in mind, and when we reach that literally golden era of practice where we are so busy that we cannot give the patient that sincere, detailed, and conscientious attention that we ourselves would wish to have given us were we in the position of the patient, to refer those patients to the younger man, who can afford to give them a sincerer attention and inject into the treatment of their case a fresher enthusiasm.—*The Lancet-Clinic.*

We wish to announce that the department of "Motor News" has been placed under the charge of an expert—Mr. Frank Alderman, manager of the Foss-Hughes Company. Mr. Alderman kindly consented to edit the "news" and also give advice on any matter pertaining to automobiles. We feel fortunate to have secured such valuable assistance, and we are sure that our readers will not fail to avail themselves of the services of this department. Queries pertaining to

the automobile will be answered by Mr. Alderman with absolute frankness and without the slightest reservation.

Letters to the Editor

Editor Delaware State Medical Journal, Dear Sir: Until our mutual friend, Dr. Hannah Thompson, handed me a copy of the Delaware State Medical Journal for January and called my attention to your use of my name, I had not any knowledge of your having written me. I never received such a letter from you, hence I could not reply. Had your letter reached me, as a matter of courtesy, I should have at least acknowledged its receipt; although, judging from the spirit manifested by the manner in which you are conducting this controversy with or against The National League for Medical Freedom, I would *now* question your competency or right to address such a letter to me as I note you have sent to others.

In justice to myself, I will now inform you, that when Frederick Winder asked permission for the use of my name as a member of the "State Advisory Board" for the Delaware branch of the aforesaid League, I positively refused his request, peremptorily declining to have any official connection with the League whatever. It was therefore used in an entirely unauthorized manner.

Let me frankly state, however, that my refusal was not based upon lack of sympathy on my part with the professed object of the The N. L. for M. F.

On the contrary, I am in hearty sympathy therewith, and were I a younger man I could enter with enthusiasm upon a campaign for the furtherance and maintenance of the principles, which, as I understand them, it was founded to advance and uphold—those which its title implies.

It was only shortly before the publication in the local press of John S. Hamilton's reply to the letter you addressed to him that I began to receive the literature of the League, from which I learned of the unauthorized use of my name as a member of the "State Advisory Board."

I was about to write to the secretary requesting the withdrawal of my name from the list of members of said board. Now, however, since I have been informed that you mailed me a letter—which I never received—similar to those you addressed to the other gentlemen, whose replies

you published in the Delaware State Medical Journal, I am placed in the same position as Walter Stewart Brown, as stated in his reply to your letter to him.

I dislike to retreat under fire! But, as my name was used without my permission and against my emphatic refusal to have it so used, for the reasons that led to that refusal—my age, state of health and desire for peace and rest from controversy during my remaining years—I shall carry out my first intention and ask for its withdrawal.

I trust you will—in justice to me—give this letter equal publicity, as you did my name in this connection in the Delaware State Medical Journal, and kindly send me a copy of the same.

Respectfully yours,

PUSEY HEALD, M. D.

WILMINGTON, DEL., February 27, 1912.

DEAR SIR: At a recent meeting of the Society on Social Welfare, a committee was appointed for the purpose of ascertaining methods by which the defectives in the State of Delaware might be benefited.

That committee has decided that the first step should be to find out what the needs are, how many defectives have we. It has been suggested that we have you insert in the columns of the State Medical Journal an appeal to all the physicians of the State to aid us by sending to the chairman of the committee, Mrs. Frank Jones, 802 Washington street, the names and addresses of any whom they know to be defective in sight or hearing or mentality, said names to be kept secret only as the request by proper authorities be made, to prove the authenticity of our report.

That these names be given in as soon as possible seems imperative as we can hardly prepare anything definite for legislation until we know the number.

Perhaps doctors will be more willing to state the number at once and withhold the names and addresses themselves; anyway, just so we have their co-operation.

Surely every one knows the great importance of having a place where the mentally deficient can be cared for. Many of these unfortunate subjects could be trained to many things, and unless they are segregated they form links of an endless chain of suffering humanity.

Very truly,

EMMA S. JACKSON,
Supt. Delaware Industrial School.

Public Health

At a meeting of the National Legislative Council held in Chicago, February 26 and 27, 1912, Dr. H. W. Briggs, the delegate from Delaware, submitted the following report:

"The legislative situation in this State has remained practically the same since we succeeded in passing our last medical education bill in 1907. By its provisions we were successful in securing: 1. The raising of the preliminary educational standard from a common school to the equivalent of a high school diploma. 2. An increase of the length of the medical education from three to four years. 3. Authority invested in the Medical Council to determine the standard of medical colleges and admit candidates for examination only from those in good standing. 4. A section regulating the practice of osteopathy whereby the candidate must take the same examination in all preliminary subjects as those of the other schools, and must qualify according to the preliminary and medical educational standards. It is significant to note that no new practitioner of that school has entered Delaware since the enactment of this law. 5. A clear and well-defined definition of what constitutes the practice of medicine, making prosecution and conviction for violation of the medical practice act much more effective. Under this act we have succeeded in convicting several for illegally practicing medicine, whereas previous to its passage there had been no conviction for years. We still have, as under our original law, two boards of medical examiners, but this system has seemed to have worked so harmoniously and satisfactorily that it has been thought best to continue under this system rather than endanger the other excellent features of the law in an attempt to secure a single board. The Medical Council has fixed as a standard those colleges listed as acceptable (Class A) by the Council on Medical Education of the American Medical Association. This standard, together with the advanced preliminary educational requirements, has resulted in a much better grade of applicants during the past few years. Considering the fact that no medical school is located within our borders, our standards will compare favorably with those of our sister States."

At a meeting of the Town Council, of Milford, Del., the following persons were appointed to compose the Board of

Health for the year: Dr. William Marshall, Jr., Dr. J. G. Dawson, Dr. James P. Lofland, George H. Hall and George H. Roach.

Motor News for Doctors

Under the Charge of Frank Alderman

Dr. Robin reports a total failure with the Woodward threads. Last year he purchased two threads 34 x 4. They went to pieces after running 1,700 miles. He sent them to the factory and got a replacement. The new pair did no better. The trouble seems to be that the leather hardens and cracks, particularly along the line of the steel studs. It is claimed that the Woodward threads prevent skidding. This is not altogether true. In snow and mud they facilitate rather than prevent skidding, and they are particularly dangerous when an attempt is made to turn the car off street car tracks. The car will skid then even in dry weather. In the winter extra chains are required, and chains on Woodward threads wear very much faster owing to the rigid surfaces, the threads on the one hand and the road on the other, which compress the links of the chains. As to traction in snow or deep mud, the threads are not of the slightest service.

The Cadillac seems to be holding out pretty well. Drs. Wales, Jones and Robin have had splendid service from these cars.

A flaxseed poultice is a sure cure for a leaky radiator. Put a couple handfuls of ground flaxseed into the radiator and the leak will stop.

Dr. Kraemer purchased a 1910 Chalmers runabout.

Medical Progress

Diagnostic Signs of Organic Disease of the Nervous System.—Crenshaw briefly summarizes the signs of organic disease thus:

1. Localized convulsions are always caused by a corresponding irritation in the cerebral cortex—an irritation almost invariably due to organic disease.

2. Either spastic or tonic stiffening of the lower limbs is of organic origin if, when the examiner lifts one of the patient's feet, the pelvis and other leg are raised from the bed. This condition is called spinal epilepsy.

3. A persistent ankle-clonus, the vibrations of which are more than five per second and of uniform rate, is highly indicative of organic disease. But a slow, irregular, transitory clonus may be hysterical.

4. Actual absence of the knee-jerk is almost proof positive of organic disease of either the nervous system or the mucles involved. Very rarely, however, it is met with in health and, we are told, it has been successfully simulated.

5. Atrophy of muscles accompanied by absence of faradic irritability is either the result of organic nervous disease or of idiopathic disease of the muscles.

6. Paralysis affecting only the muscles supplied by the nerves from a given spinal segment is of organic origin regardless of whether there is corresponding sensory loss or not. And both the so-called mowing gait and steppage gait are indicative of degeneration.

7. As is well known, permanent paralysis of the sphincters is always a certain sign of organic disease; and absence of control of the bladder and rectum is generally organic in origin.

8. Unilateral paralysis of the laryngeal muscles is certainly organic though bilateral laryngeal paralysis may be functional.

9. Paralysis of the palate is generally an indication of organic disease, particularly oncoming diphtheritic paralysis.

10. Unless caused by uremia, paralysis of the face may be said to be always the result of organic disease.

11. Hemianopia, if clearly defined and permanent, is always organic, while either optic atrophy or optic neuritis is obviously an organic nervous disease. Although inequality in the size of the pupils should lead us to suspect organic brain lesions, this condition may occur in traumatic neurasthenia and other functional neuroses. The Argyll-Robinson pupil, however, is absolute proof of degeneration of the brain. Paralysis of the extrinsic muscles of the eye-ball is due to organic brain disease when not the result of local conditions in the orbit, except those cases in which the paralysis is limited to the voluntary conjugate movements of both eyes.

Obstetric Hints.—Never employ Crede's method until you are certain that the placenta has become detached.

Two signs show the detachment of the placenta: that of Ahlfeld requires the application of forceps, or a thread to the cord just before the vulva, at the time of birth; as soon as it descends 12 cm., it shows that the placenta is detached. Shrœder and Cohen demonstrated that the expulsion of the placenta from the body was followed by the ascent of the fundus above the umbilicus, at the same time being narrowed, while above the symphysis ossium pubis, a soft protuberance was formed, separated from the body by a furrow, indicating the placenta in the passageway.

Fritsch recommends the following method of controlling post-partum hemorrhage:

The uterus is seized and expressed immediately post-partum, even in thick abdominal coverings. The blood that is effused is already lost so far as the woman is concerned. It must be quickly removed by pressure. The uterus is lifted up high by passing the hand on the posterior side. The uterus is pressed into a forced anteflexion position on and over the symphysis. It is brought into a position of decided anteposition. The inner *os uteri* lies about just over the crest of the pubis. The abdominal coverings are pressed down deep behind the uterus into the superior strait. The space behind the uterus is filled with handkerchiefs, pieces of linen or cotton cloth, or, if at hand, balls of cotton, so that the uterus is pressed forward against the abdominal walls. Then the mass behind the uterus is pressed downwards deep by means of a roller bandage, firmly applied, so that the abdominal walls form a funnel almost reaching into the superior strait. The corpus uteri lies, consequently, on and before the symphysis. Some turns of the bandage which pass over the fundus uteri underneath the other bandage press the walls of the uterus firmly together. It being in strong anteflexion, an accumulation of blood in the uterus is impossible, since a uterine cavity does not exist. The dressing is not removed before the expiration of twelve hours. After its removal the uterus sinks back into its normal position, the vessels meanwhile having been closed by thrombi.

Vaccination Against Typhoid.—To the credit of the medical corps of the British army is to be written down the present method of vaccination against typhoid fever. One scarcely is able to realize how effective vaccination has proved against this widespread disease. Coupled with pure milk and pure water supply and with the abolition of flies

and sewerage contamination, vaccination against typhoid fever has been able to drive down the death rate from this disease almost to a negligible point. Not only does vaccination render a person much less likely to contract the disease, but it serves largely to reduce the number of fatalities among those who contract the disease. In a recent compilation of statistics of over 200,000 non-vaccinated men and 28,000 vaccinated ones, it was shown that only one-third as many cases of typhoid occurred among vaccinated men as compared with those who were unvaccinated. The percentage of recoveries among those who contract the disease shows an even more remarkable condition. Only one-fourth as many vaccinated patients had a fatal termination to their illness in comparison with the unvaccinated cases.

According to Trudean persistent slight cough, with loss of flesh and strength, slight afternoon rise of temperature and constant lassitude are symptoms which even without physical signs point in many cases to incipient tuberculosis.

Typhoid Serum Applications.—Drs. Kent Nelson and W. E. Hall, of the United States Army Medical Corps, San Antonio, Tex. (Journal A. M. A., November 25), describe the methods of antityphoid inoculation used by them in the Eighteenth United States Infantry Regiment. Thirty-five hundred separate inoculations were made, and the methods employed against infection and to equalize the reaction by uniform and accurate doses in the rapid manner required are given in detail. Two hypodermic syringes and six separate needles were used, the needles being sterilized after each inoculation. There was not in the whole number a single case in which the temperature rose to 102 and there was no suspicion of infection or ill effect which could be attributed to the vaccine. Care must be taken to give the vaccine subcutaneously and not intravenously. In the one case in which this latter occurred the reaction lasted three days, though the local reaction did not appear. In the 12,000 men in the encampment at San Antonio there was but one case of typhoid fever, and that was in a civilian teamster who had never been inoculated against typhoid.

Advanced Tuberculosis.—The peculiar features of advanced tuberculosis which require special consideration are enumerated by W. C. White, Pittsburgh (Journal A. M. A., December 2). They are the need of provision for treatment as sick patients, rest in bed and proper nursing and the lack of accommodation for them under ordinary conditions. They are wanted nowhere and therefore special provision

must be made for them. Few of them can be built up so as to return to their former occupations, though with care many of them will live many years. They are possible sources of infection if they are careless and are very likely to become so without supervision, but they still have their rights as citizens and can refuse to submit to it. This makes the provision of large institutions away from the centers of population much less valuable than it would be otherwise. Those who are able to do light work should have it provided. If it amounts to more than the expense for their care it should be paid for. There are some patients with fibroid tuberculosis who are dangerous as infection bearers but whose earning power is but little reduced. Some of these are maliciously careless. No provision is perfect that neglects any class of these cases and no single type of institution will handle them all, and White believes in their legal control to a certain extent. His views in regard to the care of advanced cases are summed up as follows: "1. Provision must be made for all social and racial classes. 2. Provision must be made in general hospitals for a group of cases, mainly for its educational value on doctors, nurses and the public. 3. Provision must be made for a second large group of cases in State, municipal and charitable institutions. 4. Provision must be made in special institutions, provided by State, municipality, charity and private means, for a third group. 5. Provision must be made for a final group by instruction and care in the homes by doctors and nurses. 6. Small institutional units are of more value than large institutions. 7. All cases must be registered in the health department of the State. The State must supervise and control the whole movement. It must do this through its local agencies and subdivisions (I mean municipalities and counties) and make certain demands from charities and other similar agencies for uniformity of plan and apportionment of work."

TIZ.—"Tiz" is a widely advertised toilet article in regard to which The Journal A. M. A. has had many inquiries. It is produced by Walter Luther Dodge & Company, Chicago, and is called a "new, scientific, medical, toilet tablet." Among other claims are: "It is different from anything ever before sold." "Small shoes can be worn by using Tiz." "Guaranteed to cure corns, callouses, bunions, frost bites, chilblains, ingrowing toe nails, tired, aching, swollen, bad-smelling feet." "Draws out all poisonous exudations which bring on soreness of the feet and is the only remedy that does; cleans out every pore, and glorifies the feet—your feet." In response to the inquiries, The Journal A. M. A.,

December 2, published the results of the examination of the product in the chemical laboratory of the American Medical Association. From this examination it is believed that a tablet having properties like "Tiz" would have the following composition:

Potassium aluminum sulphate (alum)	.60 per cent.
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Salicylic acid	5 per cent.
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For years physicians have prescribed these astringent drugs thus advertised by quacks as a cure-all, according to the time-worn methods of quackery. There is nothing new in the treatment, which is only what any physician might devise. Like most nostrums, "Tiz" is exploited with disregard for truth and is simply an attempt to exploit the public.

LIQUID SULPHUR—SULPHUME.—As an instance of the revival of an ancient fake, the venerable Vlemickx' solution, The Journal A. M. A., December 2, publishes an expose of Sulphume, concerning which a number of inquiries had been received. A package of this product recently purchased bears the following legend: "Sulphume for the skin and blood. The contents of this bottle makes 10 strong sulphur baths. Dose—Internally: Four to six drops of Sulphume in one-half tumbler of water, 3 times daily, one-half hour after meals. Price $1.00. Sulphume Company, Boston, U. S. A." Accompanying the bottle is a booklet entitled "Sulphur and Its Benefits to Health," in which Sulphume is lauded for its value in treating all sorts of skin diseases, catarrh, corns, bunions, diabetes, diphtheria, female weakness, fevers, hemorrhoids, rheumatism, prostatitis, rickets, etc. Details of the chemical analysis are given. The preparation is essentially an aqueous solution of calcium polysulphid and thiosulphate, such as is obtained when a mixture of lime and sulphur is boiled in water. A solution of this kind is described in the National Formulary under the title of Liquor Calcis Sulphurate, 32 ounces of which can be made at a cost of about 8 cents. The Journal says that, while some physicians still attribute some value to sulphur as an alterative and general antiseptic and as a remedy in skin disorders, it has come into rather general disuse by the regular profession at the present time. The public, however, is still taken in by bad smelling drugs.

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Dr. James H. Wilson is a descendent of Scotch-Irish parents who settled in Kent County, Delaware.

Eight generations of the Wilson family are interred in the cemetery at Barrett's Chapel, in this county. Dr. Wilson graduated from the Medical Department of the University of Pennsylvania in 1867—practiced his profession in Philadelphia seven years, when by reason of ill health he returned to his native State.

After recovering his health he settled in Dover, where he has been in the continuous practice of his profession. Dr. Wilson has held the position of Medical Examiner for the U. S. Pension Department for over thirty years; railroad surgeon for a similar period: a member of the State Medical Examining Board since its organization in 1895; a member of the Board of Trustees of the Delaware State Hospital at Farnhurst since its organization in 1890.

Delaware State Medical Journal

Original Papers

Acute Laryngitis

By Dr. J. A. Ellegood.*

ETIOLOGY.

The cause of acute laryngitis may be considered as predisposing and exciting. Under the former the most prominent are age, sex, climate, season, locality, occupation, habits, pre-existing disease, bad hygienic conditions, mouth breathing, and previous attacks.

Under the latter, exposure to cold and wet, and sudden changes in temperature or moisture, excessive or improper use of the voice, traumatism, and the specific and infectious diseases.

Laryngitis occurs more frequently in those of full age than in childhood, and it is more common in young adults. While it is happily less frequent it is a decidedly more dangerous malady in childhood, on account of the greater tendency to plastic exudation, and oedema, and the small size of the larynx.

It is more frequent in males, probably on acccount of the peculiarities of environment attendant upon their occupation.

It is more common in temperate zones, and more prevalent in the early spring and late autumn, because the weather conditions are more changeable.

Occupation predisposes to laryngitis in relation to ventilation of the work-room, the variation in temperature and moisture, and other characteristics of the atmosphere, such as the presence of irritating chemical fumes, noxious gases, and dust. The excessive use of tobacco and alcohol, excesses in diet, irregularity in habits of living, and any conditions which vitiate the atmosphere or circulation, are well recognized predisposing causes.

The rheumatic, gouty, and scrofulous diatheses not only predispose to laryngitis but give rise directly to it as they do to inflammation of the joints, tendinous sheaths, and lymph-

*Read before The New Castle County Medical Society, October 21, 1912.

nodes. Laryngitis is also likely to be induced by extension of disease from the nose or pharynx or on account of contact with their irritating discharges. Mouth-breathing caused by obstruction to nasal respiration, and due to nasal stenosis and the presence of adenoids and hypertrophied tonsils, is a common cause, especially in children. It is well known that previous attacks predispose to recurrence of laryngeal inflammation.

Acute laryngitis is usually due to what is commonly called "taking cold"—a term used to cloak our ignorance of the real pathology of a complex disturbance of circulation-equilibrium.

A cold results after exposure, usually sudden, of the body, or some part of it, to a relatively low temperature, and when the vaso-motor system is inadequate to maintain the normal circulatory equilibrium. The intimate nature of this vaso-motor disturbance is unknown, though it is probably due to toxins, which result from infection or faulty metabolism.

If the complexity of the series of vital phenomena of metabolism could be unraveled the key to all pathologic processes, and a rational prophylaxis, would be found. Until that is done it is doubtful if the phenomena summarized by the expression "taking cold" will become fully known.

Laryngitis of traumatic origin may be due to either chemical or mechanical injury.

The toxins and specific micro-organisms of the infectious and specific diseases probably give rise to laryngeal inflammation both on account of their local effect upon the mucous membrane and their action upon the vaso-motor nerves.

SYMPTOMS.

(*Subjective.*)

The first symptom of which the patient complains are slight dryness, or soreness of the throat, with hoarseness, and a disposition to cough. There may be slight pain on coughing, swallowing or phonation. The impairment of the voice may vary from a slight defect in timbre to complete aphonia. Cough may be altogether absent, or become a troublesome symptom. It has a peculiarly shrill or metallic quality which makes it easily recognizable as of laryngeal origin. With the progress of the disease the secretions become more profuse and in simple cases soon return to normal.

Respiration is not usually affected in simple cases occurring in adults. Patients often complain of embarrassed respiration when in point of fact it is only somewhat pain-

ful. Slight fever and headache and a general malaise may be present, but they are probably due to an accompanying inflammation of other parts of the respiratory tract.

Occuring in small children the affection usually commences as an ordinary cold, displaying no symptoms different from a mild laryngitis in an adult. At night, however, the scene may be suddenly changed. From a quiet sleep the child is wakened by a paroxysm of cough, its inspiration becomes labored, the voice and cough husky, the eyes red and staring and its whole aspect one of impending suffocation. After a short period the attack subsides and the child falls asleep, to repeat, it may be, in a few hours, or the next night, a scene which presents all the features of impending death.

This form of the disease has been called *laryngitis stridulosa,* and is probably due to spasm of the vocal adductors. These spasmodic seizures are probably reflex in origin, the inflammation of the larynx rendering it more susceptible to the reflex stimulus. Among the excitants are recognized dietetic errors, gastro-intestinal irritation from worms or obstructions, irruption of teeth, etc.

The subglottic portion of the larynx may be chiefly involved and this should be regarded as a more grave condition. When it occurs, which fortunately is a rare event, it is only recognized when the cords are in a state of abduction, and as a rounded mass, symmetrical on either side, and encroaching upon the lumen of the subglottic region. It may occur and assume a severe type without notable involvement of the upper portion of the larynx.

In oedema of the supra-glottis region of larynx, whether primary or secondary, it rarely happens that the vocal cords themselves are infiltrated. In many cases the swollen epiglottis blocks the view of the interior of the larynx. It then has the appearance of two round, red, semi-transparent swellings pressing against each other. When they can be seen the ary-epiglottic bands appear as two translucent folds which almost meet over the entrance to the larynx and often touch each other at each effort at inspiration.

The laryngoscopic appearances vary with the degree of severity of the attack, as well as with the stage at which the inspection is made. In mild cases, and at an early stage the whole of the mucous membrane of the larynx is of a bright red color, the tint of the membrane being deeper in those parts which are loosely attached, such as the ary-epiglottic folds, ventricular bands and arytenoid commissure.

The hyperemia may be confined chiefly to certain parts, but usually the congestion is general. Occasionally hemorrhages may be observed either into the tissues or from the mucous membrane. If the attack is more severe in charac-

ter the membrane is swollen and presents a deep red, beefy appearance. In such cases the ventricular bands when affected, as they frequently are, are so swollen as to so overlap the vocal cords and partially or entirely conceal them from view.

With the laryngeal mirror may be observed the various modifications of the mechanism of the larynx which cause the changes in vocalization already described. In some instances a protrusion of the inter-arytenoid fold or a similar obstacle at the anterior commissure are shown. More frequently there is a defect in the parallelism of the cords, their free margins presenting a concave outline and forming a partially open glottis inconsistent with perfect phonation, and giving rise to the husky, jarring, and shrill tone of the voice characteristic of the early stages of the disease.

PATHOLOGY.

The morbid changes of the laryngeal mucous membrane in simple acute laryngitis consist in an active hyperemia leading to swelling of the tissues and resulting in disorder of the mucous secretions.

As a rule the inflammation uniformly involves the whole of the mucous lining of the larynx, degrees of severity depending rather upon the differences of grade than of extent. It sometimes happens, however, that it is limited chiefly or entirely to special regions.

At the commencement of the inflammatory process the secretion is somewhat arrested, and consists of a glairy fluid, rich in leucocytes and mucin, but with few epithelial cells. Later, the secretion becomes more abundant and contains large masses of epithelial detritus. Before the desquamation of the epithelium the cells undergo the condition known as cloudy swelling caused by granular changes in the contents of the epithelial cells themselves, and rapid decay of the new cells generated under increased blood supply.

In the course of the affection the deeper layers may be thrown off in patches giving rise to erosion ulcers. It is questionable, however, if ulceration extending through the whole thickness of the mucous membrane occurs in simple catarrhal laryngitis. In children the morbid process is somewhat intensified with a tendency to plastic or pseudo-membranous exudation. In the laryngitis of measles the hyperemia occurs in patches of varying intensity partaking of the cutaneous characteristics of the primary affection. Membranous exudations may occur in severe cases and although they may not be truly diphtherial, a larynx inflamed during the course of measles presents a receptive condition for the implantation of the diphtheria bacillus.

Laryngitis of scarlatina is comparatively rare. It may be of mild grade, but in more serious cases there is frequently infiltration and pseudo-membranous exudation. Implantation of diphtheria upon a scarlatinal laryngitis is not an infrequent occurrence. When renal complications arise acute oedema may supervene, and this may arise weeks or months after recovery from the fever.

Laryngitis is of frequent occurrence in variola. In mild attacks of the primary disease the inflammation is usually of the simple form; but in exceptional cases complications in the shape of pustules, hemorrhages, abscesses, fibrinous deposit, perichondritis, oedema, ulcerations and caries may arise. Occasionally there remains ankylosis of the crico-arytenioid articulation causing fixation of vocal cords.

Primary erysipelatous laryngitis is rare, but it is not uncommon in cases of erysipelas of the face and head. Phlegmonous pharyngitis, associated with cervical cellulitis and erysipelas may extend to the larynx and give rise to suffocative dyspnoea.

Occurring in typhoid fever, laryngitis is usually a secondary manifestation, and may be of the simple or oedematous variety. In these cases the decubitus doubtless plays an important influence. There is a strong tendency to ulceration, particularly of the ventricular bands. In all infectious fevers while all parts of the larynx may be attacked the lymphoid elements are specially prone to attack, and in typhoid they share the same morbid changes which occur in the visceral lymphoid structure; e. g., Peyer's patches.

In these diseases grave perichondrial changes may occur. Paresis of the laryngeal muscles occasionally occurs in typhoid.

The laryngitis of typhus while rare varies from dusky red congestions to oedema with pseudo-membranous or purulent deposit, and ulcerations which may become gangrenous.

The pustular nodules and abscesses of acute glanders which occur in the pharnyx of patients suffering from glanders may extend to the larynx, in which cases oedema may be expected to follow the initial inflammatory manifestations.

Catarrh of the larynx presents the ordinary picture of an acute inflammation in influenza except that hemorrhages appear to be a frequent complication. The whitish patches not elevated above the swollen and reddened mucous membrane often appear and are to be interpreted as superficial

necrosis. In a few instances there is marked oedema of the mucous membrane which may go on to abscess formation or perichondritis.

DIAGNOSIS.

Though the laryngoscope should, if possible, be made use of to determine the amount and extent of the inflammatory process, a careful analysis of the symptoms will usually indicate, with a fair degree of clearness, the seat and extent of the inflammation, independent of a laryngoscopic examination.

"The loss or impairment of voice sufficiently points to the larynx as the seat of the disease, while the absence of cough, with expectoration, eliminates the question of a bronchitis. This, taken in connection with the absence of febrile disturbance, is usually sufficient to render the diagnosis clear. If cough be present, it is of a somewhat trivial character, and the expectoration is slight; moreover, the tone of the cough is similar to the tone of the impaired voice, and has a harsh and oftentimes metallic ring to it, the character of which we usually recognize as croupy. Our diagnosis, moreover, is aided by the fact that the attack usually comes on in connection with an acute inflammation of some portion of the air passages above. This is particularly the case in laryngeal diphtheria occurring in children with whom a laryngoscopic examination is difficult. In such cases a membranous deposit will often be found upon some visible portion of the pharynx. Without the presence of this condition a bacteriologic examination of the laryngeal secretion will remove any doubt. Of course we meet with impairment of the voice in syphilis, tuberculosis, neoplasms, and paralysis, but the voice in these affections presents characteristics which are somewhat distinctive. In syphilis, it is harsh, grating, and raucous in character; in tuberculosis it is soft and notably weakened; there is also marked impairment of health, together with more or less profuse discharge. In paralysis the voice is simply weakened, and not hoarse. In neoplasms it is usually a broken, cracked voice, dependent upon the size, character, and location of the growth. Furthermore, the impairment of voice comes on gradually and somewhat insidiously in tumors of the larynx."

COURSE AND PROGNOSIS.

Simple acute catarrhal laryngitis is in most instances a superficial and transient affection which under suitable treatment generally ends favorably in the course of five or ten days. Its main importance is the impairment of the voice which it entails. If neglected, or improperly treated

it is likely to pass into chronic laryngitis and becomes the starting point in the formation of papillary growths and other neoplasms from the mucous tissue.

In speakers whose special calling involve the highest powers of the larynx the affection becomes of great importance. In the severer forms, particularly those in which the submucosa becomes involved the life of the patient may be threatened or lost by asphyxiation. When associated with and due to infections or specific diseases or to traumatism the degree of impairment of function or the danger to life will depend to a large extent upon the impairment or destruction of the tissues involved.

TREATMENT.

A great diversity of opinion exists among laryngologists as regards the relative merits of general and local treatment. Some hold the opinion that there should be no question of local treatment at all in ordinary cases. That rest of the voice, the avoidance of whatever may have a deleterious influence upon the inflamed mucous membrane, the administration of soothing, demulcent drinks, or an anodyne to allay distressing cough, are all that is useful or safe.

Others, who oppose local treatment, are impressed by the fact that the attack may be aborted or a cure hastened by the internal use of quinine, opium, pilocarpine, aconite, atropine, and cathartics, given separately or in such combination as the individual administrator may elect.

Those advocating local measures as the more efficient make use chiefly of sedatives and astringents, applied locally by means of the brush or probang, or by insufflation, atomization, or steam inhalations. Applications made by the brush, sponge or probang are apt to be injurious on account of the mechanical injury that may be done to the delicate organs by the instruments used.

A few years ago the use of atomizers and vaporizers for the application of medication in the treatment of respiratory troubles became very popular and extensive, chiefly because the public demand for something new and sensational was gratified by the elaborate and impressive outfit made use of. Their general use, however, soon made them commonplace and the novelty wore off. Moreover, their indiscriminate use in unskillful and unscientific hands has brought them into, to some extent, undeserved disrepute.

There is a difference of opinion also as to the use of counter-irritation in the form of blisters, poultices, hot fomentations, etc.

In view of the fact that the vast majority of cases of simple catarrhal laryngitis recover promptly through na-

ture's unaided efforts, and often in spite of unscientific treatment, and in view of the unsystematic methods adopted, it is practically impossible to determine which method is more potent for good.

There is no doubt that when judiciously employed both local and general treatment may be of benefit in hastening recovery. Whatever means may be made use of the immediate effect sought is the same with all, viz, the prevention or dissipation of local congestion by a counter-determination of blood. Here, as in all other vital phenomena, the peculiarities of the individual, and his environment, will be decisive with one or other particular method.

Oedema of the larynx while comparatively rare, is of so grave importance that the possibility of its occurrence lends importance even to mild cases. For this reason every suspicious case should be carefully watched and frequently examined laryngoscopically.

If oedema makes its appearance, the tissues involved should be freely scarified and no time wasted in trial of less radical measures. If, owing to the density or purulent character of the infiltrate, the swelling does not subside, tracheotomy should be performed.

The treatment of laryngitis secondary to febrile disorder, so far as it agrees in type with simple laryngitis, presents no feature calling for special mention that have not herein been adverted to.

The more marked laryngeal complications occurring during the course of certain continued fevers, and of the exanthemata and secondary to them, vary in nature and degree proportionate to the characteristics and gravity of the primary disease. They, and those occurring in laryngitis associated with syphilis, tubercle, etc., in which the etiology, pathology and whole course of the malady are of a specific nature, demand such distinct consideration and methods of treatment as it is not feasible to describe on this occasion. Nor will time permit further reference to the exudative or membranous forms, to some extent common to all forms of laryngitis. As regard the treatment of laryngitis due to irritant poisons, the appropriate antidote should of course be used, provided the surgeon should arrive before the stage for their employment has passed. As this, unfortunately, is rarely the case, he is usually called upon to treat the resultant oedema, which is likely to be the gravest and most prominent symptom, especially in case of stings by insects. Should scarification and the application of cold fail, a low tracheotomy should be performed. In case of foreign bodies, they should be promptly removed, especially where they are of a solid consistence. The operation of laryngotomy will

often lead to prompt expulsion of a foreign body situated at a site either above or considerably below that of the laryngeal incision.

Hygienic treatment during an attack of laryngitis is of great importance. The room should be kept at an even temperature of about 65 deg. F., and shielded from drafts. Considering the frequency with which tuberculosis takes its origin from an acute inflammatory attack, it behooves the practitioner to watch the patient carefully until all functional and physical signs of inflammation have subsided.

PROPHYLAXIS.

It is generally conceded that the susceptibility to taking cold can be greatly lessened by what has been termed the "hardening process." This involves chiefly the display of a fair degree of common sense in regard to fresh air, exercise, clothing, and bathing. In other words, giving practical attention to personal hygiene. A very common error in dress is disposition to coddle the throat, especially of children. Daily sponging with cold water, preferably in the morning, of the upper part or all of the body, or the cold plunge or shower, when they can be taken without provoking shock, afford great protection against taking cold by accustoming the body to sudden changes of temperature.

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THE PROFESSION AND BUSINESS OF MEDICINE.—The practice of medicine is properly classed as a "calling," implying by this term a natural aptness and devotion on the part of a devotee which are not essential in the ordinary commercial pursuits. The very nature of this "calling" exacts such abnegation and humanitarianism as to make any sordid calculations painfully out of place. This profession shares with no other the responsibilities which cannot and do not have a purely commercial value. Nevertheless, the men who practice this profession must look upon it as the sole means of support, and they must see to it that it yields an adequate remuneration for services rendered. The physician occupies a certain social position, and his income should enable him to live according to the standard generally adopted by people of a similar social standing. If he has children, they should receive proper education and be fitted for life, and he should in addition carry enough insurance to provide for the family in case of untimely death. Furthermore, whether single or married, he should have enough laid aside for illness and old age. These are the minimum demands, and if the doctor's income is not sufficient to satisfy them, then his practice does not pay.

In the vast majority of cases the practice of medicine does not pay.

CONDITIONS IN DELAWARE.—To ascertain the conditions in our State we sent out 200 return postals with questions

pertaining to the business side of the practice of medicine. Of the 200 physicians addressed only 34 replied,—13 from Wilmington and the others from the rest of the State. As the number of replies is insufficient to enable us to draw definite conclusions, we shall merely tabulate the material on hand, hoping that at some future time the doctors will see the matter in a different light and show a broader spirit of co-operation.

TABLE 1.—SHOWING INCOME FROM PRACTICE OF THIRTEEN WILMINGTON PHYSICIANS.

Length of time in practice	Total value of practice	Amount Collected	CHARGES			Value of work done gratuitously	EXPENDITURES			
			Office	Call	Confinement		Drugs	Instruments and other supplies	Books	Conveyance
15 mos.	$2000	$1100	.50	$1.00	$10.00	$ 400	$ 50.00	$75.00	$55.00	$ 400
11 years	2000	1500	.50	1.00	10.00	500	300.00	———	15.00	360
15 years	2500	2000	.50	1.00	10.00	700	100.00	50.00	50.00	———
24 years	3600	3300	.50	1.00	10.00	varies	———	———	———	400
9 years	4500	3500	$1.00	$1-$2	15 up	500	———	25.00	35.00	300
4 years	5000	4000	.75-$1	1- 2	10-25	———	100.00	50.00	———	400
30 years	5600	4000	$1.00	1- 2	10-15	1000	$60-$75	15-20	30-60	350
6 years	7200	7000	$1.00	1- 2	10-15	500	50 00	50.00	30.00	800
7 years	8000	6000	.50-$1	$1.00	10-15	1000	800-1000	200.00	75-100	1800
14 years	8000	5000	$1.00	1.00	10 up	———	———	———	———	1000
8 years	8000	4800	.50-$1	1.00	15.00	2000	100.00	100.00	50.00	600
5 years	9000	5100	.50 $2	$1-$2	10-25	3900	800-00	300.00	75.00	700
20 years	9000	8500	$1-$2	$1-$2	10-25	1000	———	500.00	50.00	500

The only comment we can make on this table is this: What a pity, all the Wilmington physicians did not reply! How interesting and instructive the data would have proved to all of us.

TABLE 2.—SHOWING INCOME FROM PRACTICE OF EIGHTEEN RURAL PHYSICIANS.

Population	Length of time in practice	Total value of practice	Amount collected	CHARGES			Value of work done gratuitously	EXPENDITURES			
				Office	Call	Confinement		Drugs	Instruments and other supplies	Books	Conveyance
500	31	$ 800	$ 500	.25-.50	$1.00	$6-$10	$ 200	—	—	—	—
1200	25	900	700	.50-$1	.50	10.00	100	$100	$ 50	$ 12	$150
600	13	1200	500	.50	1.00	10.00	700	—	—	—	—
3000	20	1500	1000	.25-.50	.50-$1	10 00	100	—	—	—	—
1500	35	2000	1500	.50-$1	1.00	$10-15	500	100	—	$5-$10	—
800	17	2400	1800	.50	1.00	10.00	400	200	50	$ 25	300
800	21	2600	2400	.50	$1-$3	$10-15	300	200	75	40	400
1400	6	2900	2350	.50	1.00	15.00	100	125	35	15	400
1000	27	3500	2500	.50	1.00	15.00	600	100	—	25	300
3000	17	3560	2900	.50	1.00	10.00	500	500	35	20	300
1800	23	3500	3400	.50	1.00	10.00	100	250	75	50	300
500	13	3900	2500	.50	1.00	10.00	500	800	100	—	700
5000	6	4200	2700	.50	1.00	10.00	—	600	140	25	8 0
5000	6	4268	2800	.50	1.00	10.00	400	300	150	35	—
2000	14	4500	3500	.50	$1-$2	10.00	1000	500	350	100	500
2000	12	4500	3500	.50	1.00	10.00	500	700	125	50	600
3000	8	8000	3500	.50	1.00	15.00	—	—	—	—	500

One physician replied: "Have to have *side line or starve.*"

Another sent the following letter:

DEAR DOCTOR: Enclosed please find the card sent to me in reference to the income from practice, etc.

I will further say that my income is so small from the practice of medicine that I am many times tempted to abandon it for some other more remunerative business. Really, I don't believe I make enough clear to pay for my State license fee. By the way, why don't we physicians get together and have the law repealed charging the license fee of $10.50 annually?

No, my income is so small I do not even consider it. I could not even live if I did not have other reserve to call on, such as a farm, etc.

Yours truly,

Of course, we were disappointed at the results. We formulated quite a comprehensive scheme: First, gather information about the business of the doctors in the State. Second, suggest such remedial measures as a minimum fee-

list, monthly or at least quarterly collections, the employment of an official collector on a salary and under bond, the keeping of a record of "dead-beats" which would be available to every physician, etc., etc.

But we were blocked at the very beginning. We could not obtain the information.

Thinking that perhaps we did not go about it right, and that there is some other and better way of obtaining the necessary information, we wrote to the editor of the Journal of the American Medical Association, describing our difficulties and asking for guidance. The reply from the Journal office is both interesting and instructive. Here it is:

"Dr. Simmons has handed me your letter of the 31st and has asked me to write you in reply. Personally, I think your plan of securing some reliable information regarding the income of physicians is thoroughly commendable. We are sadly in need of such information. Unfortunately, I do not know any way of getting it reliably. We have been puzzled over this question for a long time, and are naturally deeply interested in your efforts in this direction. I am not surprised at the results of your efforts. I doubt whether the average or even the exceptional physician keeps a sufficiently accurate record of his finances to enable him to answer your questions. The physician is the only business man I know of who regards his gross receipts for the year as his income. The majority of physicians figure their income as the total amount of money which they have taken in during the year. They make no deductions for office rent, stenographers or office girl's wages, automobile cost and up-keep, drugs, instruments, dressings, books, professional magazines and all of the other business expenses of the busy physician. In fact they very seldom separate their professional from their personal and family expenses. If a dry goods merchant tried to run his store on the same principles he would probably be regarded as crazy if not on the road to bankruptcy. Most of the business men deduct all of their business expenses including rent, clerk hire, original cost of stock, insurance, depreciation, etc. Many others also take out the interest on their investment and allow themselves a salary for their own time and only regard what is left as the profit from the business. If a physician attempted to figure his income in this way it would very soon reach the vanishing point.

Candidly, I am not surprised at the result. The only thing that surprises me is that you got as many answers that you did. I wish I could see some practical and reasonably accurate way of determining the average income of physicians, no matter how you might define income. I re-

gret to say, however, that after five or six years consideration, I have yet to learn of a practical method."

It would be very interesting to have our readers discuss this most important subject, and the columns of our State JOURNAL will be open to any one who wishes to express his opinions along this line.

THE WORSHIP OF THE GOLDEN CALF.—Mr. Beecham, of quack pills fame, has been knighted.

Miss Greta Hostetter, whose family derived its fortune from the sale of cheap whiskey flavored with bitters, has been presented at the Court of England.

Dr. Wylie, the great champion of honesty and public welfare, was forced to resign. *O tempora! O mores!*

THE RESIGNATION OF DR. WYLIE.—The forced resignation of Dr. Wylie is another victory for the vested interests and another blow to honesty and business integrity as well as public health. The "interests" have cracked the whip, and the pliant government sacrificed on the altar of Mammon the man who stood between the people and the vampires. Now we may expect an avalanche of fake medicines, adulterated foods, and disguised dopes "guaranteed under the Pure Food and Drug Act."

THE DOG IN THE MANGER.—The people of Delaware are making a sorry spectacle of themselves with regard to the duPont Boulevard. It is admitted on all sides that this highway would prove a blessing to the State and there appears to be no other way of getting it. But—there is a suspicion that Mr. duPont will possibly get some returns on his investment,—and there is the rub. It is true, that if he ever does derive any returns it will be by way of public utilities which will in turn increase land values; it is also true that the franchises which he is getting are such as he could get without building the boulevard; that franchises of equal if not greater value have been given away to corporations for less consideration; but—why be progressive and enterprising, when the old way of complacently sticking in the mud is so comforting to our conservative souls. With the natural advantages of Delaware, it is a wonder that greater progress has not been made. The reason now is apparent: Opportunity knocks at our doors and we are afraid to open lest it be a burglar,—and opportunity passes by. "Get up, Maud! Tug along the squeaky old wagon through the furrows of

this cow-path! There is a woman bleeding to death from post-partum hemorrhage and I am in a hurry!"

THE DEATH OF DR. J. MUSSER.—The untimely death of one of the most prominent internists in the country not only removes from our midst one whom we all knew so well, whom many of us have learned to love through intimate association, but teaches a lesson and holds out a warning. It is the pace that kills, and no one traveled the span of life faster than did Dr. Musser. With an immense consultation practice, which often took him out of Philadelphia within a radius of a thousand miles, with throngs of patients crowding his office daily, he found time to devote to teaching, literary work and investigations, not to mention his active affiliations with a large number of scientific societies. The overworked heart refused to work, the chords snapped under extreme tension,—and the strong, well built, genial, learned Dr. Musser is no more.

Strange how doctors are apt to forget the lessons they inculcate daily into their patients, and the penalty for this forgetfulness is—death!

Letters to the Editor

CENSUS OF DEFECTIVES; WILL YOU HELP?

Editor Delaware State Medical Journal: Growing out of the Social Welfare Conference held in our city last fall, a committee was appointed to arouse public interest in securing proper care and training for the defectives of the State. The committee has held several meetings and has done considerable preliminary work. Under the present law, a small appropriation is available by which a limited number of the blind and deaf are sent to institutions outside the State for training; and of the feeble minded, only six (two from each county) are given this aid; Farnhurst is the only provision for the morally irresponsible, not committed to reformatories as incorrigible. It has seemed to the committee that for the intelligent consideration of this situation, the first requisite is definite information in regard to the number, circumstances and extent of disability of the defective of the State. To this end, a census of the deaf, dumb, blind, and

feeble minded (without regard to age) has been undertaken and completed for all of Delaware except the city of Wilmington. For this city the committee is relying on several agencies; the various charitable institutions, the public school records, *the physicians* of the city. The names and addresses of defectives are all that is desired at present, as the additional data will be secured by an agent of the committee. It is earnestly desired that the physicians of the city give their aid in making this census as complete and accurate as possible by sending the names of all the defectives known to them to the secretary of the committee, Mrs. E. S. Jackson, superintendent, Delaware Industrial School for Girls, Twenty-fifth and Market streets, Wilmington, Delaware.

Public Health

The annual meeting of the Delaware Hospital Corporation was held recently when Miss Jeannette F. Duncan, superintendent, submitted her report. This was gratifying as also was that submitted by Dr. Howard J. Simmons, the senior resident physician. In his report Dr. Simmons states that during the year 1911 there were 939 patients admitted, of which number 376 were pay patients. Two hundred and thirty-four of them were from outside the city. The number of free patients totaled 563, and the total number of pay days' service was 6,331; free days' service, 9,591.

Of the 939 cases admitted, 734 recovered, 45 were improved and but 17 are unimproved. During the year 85 persons died at the institution, 37 of them within 48 hours after their admission. There remains 49 of the total patients admitted in the hospital according to the report which is dated January 1, 1912.

There were 369 operations performed in the hospital during the year, and of the total number admitted, 64 were suffering from typhoid fever and 176 were general medical cases. The number of ambulance and patrol cases was 615.

L. Scott Townsend, treasurer, showed receipts during the year of $32,185.93. Of this amount $6,381.00 was the annual subscriptions, and $3,496.98 was from cash donations. The income from patients was $12,234.92. The bank balance after all expenses had been paid amounts to $2,630.17.

Homeopathic physicians of this city have received announcement of a plan of the American Institute of Homeopathy to raise a $1,000,000 endowment fund to be used in the interests of homeopathy in the United States. The fund will be for the purpose of maintaining the work of the American Institute and to assist approved homeopathic colleges and institutions in all parts of the country.

Homeopathic physicians of this city are interested in the endowment project. The endowment will be used to further the homeopathic principle of the practice of medicine, promulgated by Dr. Samuel Hahnemann, of Germany, in 1810.

School Inspection.—Drs. E. B. Hoag and E. C. Beach, Committee on Administration Methods of Physical Examination of School Children, publish their report in the Journal A. M. A., November 25. The subjects discussed in their report are: First, the object of physical examination, which is to detect the variations from the normal that interfere with the health, growth and development of the child and especially embarrass the educational method employed. The next subject of investigation was the present methods and results accomplished, and they find that thorough examinations are made in but two cities in this country. The best results follow where preliminary examination is made in the grammar schools by the teacher and defective or suspicious cases examined later by trained medical men. Those made exclusively by nurses or untrained or uninterested medical inspectors are often incomplete, inaccurate and of slight value. A number of factors call for consideration in discussing the fundamental problems of the subject. The board of health deals with diseased conditions and sanitary standards and beyond this has ordinarily little interest. The board of education's function is educative and it must provide favorable conditions for the education of the children and remove factors that interfere with such conditions. This necessitates competent and constant supervision. Some objections have been raised by parents and occasionally by family physicians, sometimes not without cause, in case of selection of incompetent or unscrupulous examiners. The family physicians are not always of the same school and their points of view have to be respected. Objections to the teachers making the preliminary examinations have been made on the basis of insufficient training and this, if it exists, should be remedied. The expense required has been a serious objection but a careful study of the subject shows that its neglect is still more expensive. The recommendations made are that suitably trained medical inspectors

should be employed who can instruct school teachers in the preliminary examinations, that city boards of education maintain departments of medical inspection under trained medical men and the cities be divided up into districts each with a medical inspector in charge, that each child be given an examination once a year, preferably at the beginning, sufficiently thorough to detect defects that are liable to interfere with its growth and education and, that in cases showing defect, thorough re-examination by medical men be made. The preliminary medical examination should be made by the teacher or nurse, who should be instructed in regard to the work, and the supplementary ones by the physician, preferably those employed by and under the direction of the board of education.

School Ventilation.—The report on the methods of school ventilation by the Chicago Commission on Ventilation, headed by Dr. W. A. Evans, late of the Chicago Department of Health, published in The Journal A. M. A., November 25, describes the three types of schools as regards ventilation. The open-air school is expensive and needed for only a small class of children, namely: the clinically tuberculosis children, the distinctively subnormal children from a tuberculosis environment and a certain small percentage of distinctly subnormal children from non-tuberculosis homes. In such schools there is shielding against wind, snow and rain, but otherwise the weather conditions are about as in the open. The children require extra clothing, extra food, sleeping or quiet rest periods and medical supervision and individual instruction. The publication called "Open Air Crusaders" gives instruction in the care of children in such schools. Cold room schools are suitable for a rather more normal class: pale, anemic children, flabby children, those with enlarged glands or tonsils and adenoids, mouth breathers, those with frequent headaches, those that are liable to catch cold or catch diseases and all children who fail to make grade. This means that there should be a cold room in every school except in very congested districts, where the schools are very close together, and in such places one school could be specially devoted to this class of pupils. In such schools the windows should be kept open, with screens to divert the air, and temperature kept about 55, and not above 60. The usual desk arrangement of ordinary schools is not adapted to these. There should be some arrangement so as to permit a considerable moving around. Such pupils need about 10 per cent. more medical supervision than usual and the services of the teacher is at least 10 per cent. more individual. Here belong most of the chil-

dren who by reason of poor physical condition are kept out of school for a fraction of the school year. It is a mistake to furnish food and clothes in such cases, but the educational value of these schools on children, parents, homes, etc., is great. The most important group of children is that in the ordinary school rooms, and here the question is of the exclusion of germs by recognition of infections at the start and exclusion of all carriers, careful regulation of temperature and humidity and securing a sufficient movement of air and exclusion of dust. The methods of ventilating schools are discussed. The difficulties are mostly those of heating and the desirable methods of this are noted. The report concludes with a summary of recommendations covering apparently all the points that are needed to be considered.

Motor News for Doctors

Under the Charge of Frank Alderman

We received the following communication from Dr. W. W. Babcock, of Philadelphia, who has been the owner of automobiles of several types and makes for the past ten years, and who now owns a Stevens Duryea and a Ford Runabout:

"A little over a week ago I purchased a Ford Runabout to use while my other car was undergoing extensive repairs. Right after receiving this Ford car I had a collision, and the accident demonstrated the splendid material of which this little car is made, and the remarkably small expense of Ford repairs.

"I notified the Ford people and they went after the car and I had it back again in about 24 hours with a bill probably a little less than the Cadillac Company would charge for regrinding the valves and adjusting the engine.

"The little car is much more convenient to handle than my former one, consumes about one-third the amount of gasoline and perhaps one-eighth the lubricating oil that my other car does.

"I certainly do not agree with Mr. Frank Alderman, who writes in your journal of the advantages of purchasing a rebuilt car. My other car was supposed to have been rebuilt less than a year ago, yet the present repairs will probably run between $300 and $400.

"Dr. Snively's Stevens Duryea that I purchased second-hand before this present one was supposed to be in good condition, yet it cost about $300 to overhaul it. One could buy

a new Ford car every six or eight months, and still be money in pocket."

I was very glad to receive Dr. Babcock's communication for it has proven my contention that doctors as a whole are not very good business men.

Here is our friend Dr. Babcock trying to tell us how much better his Ford car is than any car he has owned, when the fact of the matter is that he has only been in possession of this car for a little over a week, and is not in a position to make the statement that he does. After the doctor has owned this car for six months, and gives it the same rough usage that he did his Stevens Duryea, we would be very glad to hear from him and get his opinion at that time.

In reference to that part of his letter referring to the Stevens Duryea car, he apparently bought it rebuilt, but does not state that he bought it from the Stevens Duryea Company rebuilt and with their guarantee. I believe if he had and anything gone wrong with it, that the Stevens Duryea Company would have taken care of him immediately.

He also states that he bought Dr. Snively's Stevens Duryea, which was supposed to have been in good condition. This, no doubt, was after Dr. Snively's death, and he had to take some outsider's word for it, that it was in good condition.

Now, if Dr. Babcock had taken Dr. Snively's car to the Stevens Duryea Company and had them examine it, they would, no doubt, have told him how much it would have cost to put the car in first-class condition. That amount should have been deducted from the amount asked for by the owner, and would have given him his car at a price that he could have afforded to have the work done.

Dr. Babcock's experience is no different than what a great many other doctors have gone through, and my own knowledge of some of these transactions has brought me to the conclusion that they did not use very good judgment.

I do not wish to be misunderstood in regard to my remarks on the Ford car, for I can readily say that I believe the Ford car at the price is the very best car that can be bought.

Neither do I think that Dr. Babcock wishes to leave the impression that the Stevens Duryea car is not good, and I believe he will agree with me, that it was simply under the conditions that he purchased his cars that caused all his dissatisfaction.

Dr. J. A. Draper, who ran a 1911 Chalmers 30, traded in his car for a 1912 4-passenger Cadillac.

Dr. E. Postles purchased a 1911 4-passenger Cadillac.

Dr. Messick, of Smyrna, purchased a 1911 4-passenger Cadillac.

Dr. Howell is navigating the streets of Wilmington in a very handsome Baker electric.

The following is a partial list of doctors and their cars. We hope that those who were omitted will send in their names and the makes of their cars.

E. W. Ryon, E. M. F.,
H. W. Howell, Overland, Baker,
J. C. Fahey, Stoddard Dayton,
F. M. Rovitti, Maxwell,
H. W. Briggs, Hudson, Reo,
W. H. Steel, Chalmers,
J. H. Spruance, Maxwell, Mitchell,
W. H. Kraemer, Chalmers,
J. W. Bastian, Hudson,
R. E. Ellegood, Overland,
G. W. K. Forrest, Cole,
W. Springer, Hup., Mitchell,
S. R. Ewing, Maxwell,
A. Robin, Ford, Cadillac,
E. Q. Bullock, Buick,
W. P. Miller, Overland,
J. V. Williams, Overland,
Dr. Wertenbaker, Maxwell,
Dr. Wales, Cadillac,
G. R. Carmichael, Stevens Duryea,
H. G. M. Kollock, Mitchell,
H. P. Pennock, Maxwell,
H. G. Buckmaster, Metz,
J. L. France, Reo,
J. P. Wales, Cadillac,
J. P. Lukens, Overland,
S. C. Rumford, Overland,
E. I. Rogers, Hudson,
J. W. Bastian, Hudson,
L. H. Ball, Chalmers,
S. M. D. Marshall, Chalmers,
W. P. Robinson, Overland,
J. Ball, Hupmobile,
E. S. Anderson, Regal,
B. R. Veasey, E. M. F.,
D. I. McColley, Overland,
J. A. Draper, Cadillac, Mitchell,
H. J. Stubbs, Detroit Electric,
I. M. Flinn, Anderson (electric),
H. R. Spruance, Overland,
M. I. Samuel, Hudson,
A. E. Frantz, Midland,
H. L. Springer, Cole,
J. J. Jones, Cadillac,
Dr. Lewis, Middletown, 4-passenger 4-cylinder Mitchell,
Julian Adair, T Ford.

Doctors may now take their little buzz wagons and go to New Jersey without fear of having their appendix taken out along with all the ready change they may have in their pocketbooks, just because they happen to have a Delaware license on their car.

The reason for this good news is that the New Jersey Assembly have reconsidered their automobile bill that was defeated a week ago, and all that is necessary now is Governor Wilson's signature to make it a law.

This new law will be similar to the one in Delaware, and allows reciprocal touring privileges within its border.

It was also changed in regard to fees to be paid by registered motorists. These were advanced 50%. The former fees were $3.00 for cars up to 10 horsepower, $5.00 for car 11 to 29 horsepower inclusive, and $10.00 for cars in excess of 30 horsepower.

The significant part of the New Jersey measure of particular interest to motorists of this State is:

Any motor vehicle belonging to any person who is a non-resident of this State, and who has such registered motor vehicle and has complied with all the laws of the State, Territory or Federal District in the United States in which he resides with respect to registration of motor vehicles and the display of the registered numbers, and who shall conspicuously display such registration numbers as required thereby, may be driven in this State for a period of not to exceed fifteen days in each calendar year, or on one or more occasions not exceeding in the aggregate the period of fifteen days in any such year, without complying with or being subject to the provisions of Sections 15 or 21 of the Act, to which this is a supplement or either of them, or with any of the preceding sections of this supplement, provided that each day or part of a day during which any such motor vehicle is within this State shall be considered as one of said fifteen days, and provided further, that the provisions of this section shall be operative as to any such motor vehicle owned by non-residents of this State only to the extent that under the laws of the State, Territory or Federal District of his residence is substantially similar exemptions and privileges are granted to motor vehicles duly registered under the laws of this State.

It would be well to remember that this law has not been signed by Governor Wilson, and until it receives his signature it would be just as well to stay at home.

Spark plug troubles not only bother doctors, but everybody else for that matter, and a little advice might not go amiss.

When the engine starts missing, the chances are that one of your spark plugs has gone wrong. Find out which one it is and replace it with a new one, then when you have time you can overhaul the bad plug. It may be just sooted up from excessive use of oil, but more than likely you will find a cracked porcelain. This is caused by the expansion of the metal, which has a crushing effect on the porcelain, and the crank may be so minute that you would think it impossible to short circuit the plug, but such is the case.

The best kind of plug to buy is one where the porcelain is tapered and inserted from the bottom. This will have a tendency to slip on the taper when the plug is heated, and the explosion in cylinder head will always keep it tight, thus insuring longer life for the porcelain, which is the weakest part of any spark plug.

One-third of all the cars manufactured in the United States use six cylinder engines. This includes all of the best makes, and the prices run from $3,000 for a runabout to $10,000 for a touring landaulet.

Medical Progress

In the treatment of pneumonia calcium chlorid, 10 grs. every 3 or 4 hours, is of great benefit.

Digitalis does not slow the pulse when fever is present.

Aconite is a valuable remedy in "tobacco heart," the overacting hearts of athletes, and in certain cases of tachycardia associated with neurotic symptoms.

In cases of gout in which alkalies do not seem to bring about the desired results, try hydrochloric acid in large doses.

Never apply forceps in cases of uterine inertia when the contractions are either feeble or absent, or a severe post-partum hemorrhage will follow delivery. Better administer $\frac{1}{4}$ gr. morphine and wait.

ANTITYPHOID VACCINATION.—After referring to the success in the British and American armies of inoculation against typhoid, D. J. Davis, Chicago (Journal A. M. A., February 24), reports the results of antityphoid vaccine as given to the resident staff, laboratory workers and nurses of St. Luke's Hospital, Chicago. Only those who chose to undergo the vaccination were given it. Up to date it has been given to ninety-one individuals. The vaccine was prepared in the laboratory hospital from four strains of typhoid bacilli recently isolated from the blood of typhoid patients and carefully identified by proper cultural and agglutination

tests. The first dose contained five million dead bacilli and the second, given after ten or twelve days, contained a billion. The injections were all made on the arm over the lateral head of the triceps and the local reaction appeared in from two to four hours. The intensity varied. In some cases it was severe, the redness and swelling covering the arm from the elbow nearly to the shoulder, and in about half the individuals tenderness of the axillary glands was noticed. Occasionally slight tenderness and redness lasted over the usual period of two to four days. The general reaction began usually some hours later than the local one and was generally at its height in eight to twelve hours. It was generally most severe after the first dose. The symptoms were depression and headache, hot, dry skin, insomnia and restlessness and a rise of temperature of not over a degree or two. No serious complications appeared in any case. A test for agglutinins was made in a number of individuals about two weeks after the last inoculation, and in all cases a positive Widal reaction was obtained. Davis remarks that a positive agglutination test in an individual who has had an antityphoid vaccination is of no value whatever. One nurse developed typhoid a few days after the first injection. She had been caring for typhoid patients two weeks before and the case might be taken as illustrating the hypersusceptibility claimed by Wright as occurring directly after the vaccination, but the general experience has been rather against this. The disease in this patient was mild and of only half the usual duration, lasting only two weeks, and the temperature never above 102.5. Richardson and Spooner have mentioned two somewhat similar cases, but they believe that there is no substantial basis for the belief in hypersusceptibility during the negative phase. Wright says that the immunity after vaccination lasts about two years, but it probably lasts longer, and theoretically it should last throughout life. Further observations are needed as regards this point. Davis utters a caution in regard to the administration, pointing out that, while no serious results have been observed, it has been given generally to the young and healthy individuals and more severe reactions might be expected in less resistant persons. He also thinks it advisable to modify the method so as to avoid the more severe reactions that sometimes occur, and a small dose at first—250,000,000 or less—would seem reasonable practice, increasing in the later doses. The administration would seem advisable for all persons having the care of typhoid cases, including nurses, physicians, etc. There should be, moreover, no let-up in the ordinary prophylactic measures against the disease.

TUBERCULOSIS.—C. W. Coutant, Llano, Texas (Journal A. M. A., January 27), pleads for the education of the public, and especially the physicians, in the early recognition of tuberculosis than which he considers there is no more important subject in practical medicine at the present time. What we are doing to educate the laity is important, and it is too often neglected or overlooked. There is no common syndrome to all early cases, and everything must be taken into account. There is, he says, no heredity of tuberculosis, but what is more important is acquired predisposition, meaning by this the susceptibility to the disease through certain causes that diminish individual resistance, such as overwork, dissipation, depression, etc. The personal history must take into account the environment, questions of exposure and previous diseases. The subjective symptoms of importance would be loss of weight and strength, disturbed sleep, lack of energy, capricious appetite and ready fatigue. Physical signs are very few and difficult to recognize. Inspection, palpation and percussion are invariably negative in the early stages, and one has to rely on auscultation alone. An early physical examination should be insisted on, and every portion of the chest be gone over carefully and examined during deep breathing, after breathing and coughing. Every irregular sound, no matter how slight, must be noted. The examination must be made stripped to the skin and in both the upright and recumbent positions. Sometimes several examinations will be necessary. A diagnosis should not be made until the physician is certain. The finding of the bacillus is conclusive, but failure to find it is not. It is rarely found in incipient cases. We have also the tuberculin tests, of which the Moro test is the most reliable, and then the x-ray examination, but all these may be negative in incipient tuberculosis.

DELAYED DIAGNOSIS OF TUBERCULOSIS.—E. A. Gray, Chicago (Journal A. M. A., January 27), remarks on the errors so commonly made in the diagnosis in the initial stages of consumption. He has studied a series of forty-five cases, all of which have been under the care of more than one physician before coming to him. Twenty-six of these forty-five were not recognized or were recognized only when the diagnosis was obvious to even a casual observer. The time elapsing between the original examination of the patient and the correct diagnosis ranged from two weeks to six years, these latter cases being considered as bronchitis. He asks why this delay, and to answer this he has examined the records of the Chicago Fresh Air Hospital and the Policlinic Dispensary of the Municipal Sanatorium of Chicago,

and tabulated the results, showing the first symptoms in the tuberculous and the non-tuberculous cases. In many instances the family physician accepted the patient's diagnosis, making what seemed to be an obvious deduction from the leading symptom reported, and later misinterpreted perfectly obvious symptoms because of the first false diagnosis. The tables also indicate the difficulty of making a diagnosis from the symptoms or any one or two symptoms in many cases and show the necessity of thorough examination of the exposed chest as well as using the laboratory methods. The latter are all of value but are adjuvant only and should not be used to the exclusion of inspection, palpation, percussion and auscultation. No certain diagnosis of pulmonary tuberculosis can be made on symptoms and the lack of thorough physical examination is bound to result in error. Error means delay and delay means disaster to the patient.

Vaccines in Scarlatina.—W. H. Watters, Boston (Journal A. M. A., February 24), has followed out the method of Gabritschewsky of treating scarlatina as though it were solely a streptococcus infection. In the Haynes Hospital for Contagious Diseases this method consists in the administration of broth cultures of streptococci previously killed by heat and phenol in doses of about 0.5 c.c. These doses are repeated in about a week. The test was made on the nurses in the training school as a prophylactic treatment. Cultures were made from a number of throats of scarlet fever patients and many strains of streptococci were isolated. These were combined in the manufacture of a polyvalent vaccine, standardized at 500 million per cubic centimeter. The project was explained to the nurses interested and they were allowed to choose or reject the vaccine treatment as they pleased. In 1910 twenty-one non-immune nurses who had never contracted the disease went on duty in the scarlet fever ward. Ten of these chose the treatment; eleven did not. In 1911 fifteen did similar duties. Of these, eleven received vaccines and three did not. One received a single dose, but as she immediately contracted the disease within twenty-four hours her case is omitted. Her attack, however, was unusually mild, and it was the only one among the vaccinated nurses. Among the fourteen non-vaccinated nurses five contracted the disease. Watters says that, of course, it would be folly to attempt to drawn any conclusions from such a small number of cases, but the results are, however, very suggestive and are reported in the hope that they may help to make, with others yet to come, a series from which definite data may be obtained. There was usually some local reaction, soreness of the arm and occa-

sionally some general manifestations, such as headache or malaise. A table showing the results is appended to the article.

COCAIN IN ULCER.—G. Frank Lydston, Chicago (Journal A. M. A., February 24), says that in using cocain as a preliminary to cauterization of chancroids he has come to the conclusion that the drug is useful in other ways than as an anesthetic. A tablet containing ¼ to ½ gr. of the drug converts the ulcer within a few minutes into a vascular healthy surface from which exudes a bloody serum. The drug is rubbed into the ulcer lightly with a swab and the application is of great service in sluggish sores. The area, of course, is limited, but its use is not confined to chancroid. Its action in combating infection is obvious. It is a beautiful demonstration of the manner in which the drug favors hemorrhage in operations on the urethra, nose, etc. The rationale of the method is obviously the same as that of the Bier method. Infection cannot long withstand the hyperemic assaults. The formula found specially serviceable for use by the patient is given as follows:

R Cocainae mur .....gr. xx
Carb. animalis .....dr. i

M. Sig. Apply twice a day. Cleanse ulcer carefully with hydrogen peroxid and dry thoroughly before applying powder.

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LUTHER S. CONWELL, M. D.

Of Camden, Delaware; Jefferson Medical College, 1884

Delaware State Medical Journal

Review of Two Hundred and Fifty Consecutive Operations

W. MARSHALL PRIEST, M. D.
Resident Physician, Physicians and Surgeons Hospital

(Read before the New Castle County Medical Society by Dr. T. H. Phillips.)

The series of surgical cases herein tabulated and discussed were operated upon by prominent Philadelphia, Baltimore and local surgeons.

Classification.—Of this series of operations, eighty-three were done upon the female generative organs, including seven supra pubic hysterectomies, and one vaginal hysterectomy; hernia, fifty-three; appendix and its complications, thirty-three; carcinoma, fifteen; hemorrhoids, twelve; tonsils and adenoids, twelve; adenitis, cervical and inguinal, sixteen; gall bladder, four; kidneys, three; amputations of extremities, five; exploratory laparotomies, five; testicles, four; stomach, one; thyroid gland, one; cerebral hemorrhage, one. Fracture of extremities, seven, two of which were treated by incision into the seat of fracture as suggested by Mr. Lane, of London.

Morbidity.—Of the total two hundred and fifty operations requiring anaesthesia we had four deaths. A mortality of 1.6 per cent. Deaths resulted in the following cases: 1. A man sixty years of age when brought to the hospital, was greatly shocked, pulse rapid, skin leaky and abdomen tympanitic. Signs and symptoms suggesting an advanced peritonitis. He was opened up and a ruptured gall bladder found with escape of its contents into the peritoneal cavity, setting up a virulent peritonitis. After cleaning up and evacuating as much pus and foreign contents as possible, drainage was placed, but the man died within twenty-four hours. 2. A woman sixty-three years of age with the diagnosis obscure. Post-operative diagnosis, sub hepatic abscess with general peritonitis and intestinal paresis. 3. A woman seventy-seven years of age with partial obstruction of the rectum. Exploratory incision was made and the condition found was carcinoma of the uterus and rectum, with the whole peritoneal cavity occupied by a gelatinous material adherent to the intestines. About two gallons of this substance were removed. An interesting and obscure condition. In-

cisions were closed, and the patient survived six days. The fourth case will be mentioned later. I will allow readers to arrive at our correct mortality.

Technic.—In preparation of the field of operation some of our operators use the old method of soap, water, alcohol, ether and bichloride. Others depend upon the iodine and alcohol, while some use the alcohol alone. We have been free from wound infection except in five cases and they were merely superficial stitch abscesses. Most of our surgeons prefer the iodine alcohol method of skin sterilization because of its easy application and its efficiency, doing away with so much moisture as found in the old method. We did not attribute our infections to "catgut," which is so often made the "scape goat" of dirty surgery. We believe our catgut was clean, and that infection was due to faulty technic.

Anaesthesia.—The selection of an anaesthetic and anaesthetizer deserves more attention than it receives by most surgeons, for the success of the operation largely depends upon the proper administration of the anaesthetic, yet so many surgeons seem to disregard this fact. Ether is given almost exclusively at this institution. We have given as a routine forty-five minutes before the operation, morphia gr. ¼, atropine sulphate gr. 1-150, hypodermically. This allays the nervous excitement and combats the excessive amount of mucus, which is usually seen when giving ether. Our aim is to save ether, thus saving the resisting powers of the patient. The drop method with an Esmarch cone almost closed by towels was used. This opening, which is small, receives the ether and none is lost. The patient gets full benefit of a small amount of ether. It is a rare occurrence to use over one hundred gms. of ether for an operation of one hour's duration; in fact, I saw one case where one hundred gms. of ether was used in a very difficult case lasting two hours. This was as near a perfect administration as I can imagine. Our motto is, "save ether and you save the patient." Our experience with nitrous oxide and oxygen has been limited, but we believe it will finally be adopted. We have not had a death from anaesthesia. Ages ranging from an eight months child with a double inguinal hernia to an old lady of seventy-seven with intestinal obstruction due to carcinoma of the rectum. Many surgeons will tell you they never saw a death from ether, but I believe I can truthfully say I have seen deaths resulting from ether, not on the table, but from a few hours to a day later.

Appendectomies.—That appendicitis is purely a surgical disease no one denies this day. In this series of thirty-three cases, the majority of the so-called "interval cases," with many adhesions which were treated in the usual man-

ner, the stump of the appendix being treated as advised by McBurney. Most all of our surgeons use the gridiron method, yet some use the right rectus incision which gives room to explore the abdominal cavity, a very conservative thought and procedure. We had several pus cases, with large abscesses which were simply drained by a wick of gauze in split rubber tubing and the wound sutured together around the drainage, which in every case proved sufficient, as all recoveries were good. We think the interval operation the best, and wait for the acute symptoms to subside, providing the other signs and symptoms are within safe limits, but when the patient is very ill, with a rapid pulse, and low leucocyte count, we immediately operate. There cannot be any safe rule to be guided by as one so often hears discussed,—the patient's condition is the only law.

Hernia.—This series contains fifty-three cases of which forty-five were inguinal, direct and indirect types, four ventral and four umbilical. A modified Bassini operation was used for the inguinal variety with very good results, the patients leaving the hospital fourteen days after the operation. No deaths in this series. Ages ranging from eight months to seventy-five years of age. Two cases deserve special mention. A man sixty-five years of age, farmer, came walking into the hospital one night, complaining of severe pain in the lower abdomen. He was questioned, and found to have been ruptured but never wore a truss. Upon examination a large mass was found in the left inguinal region, very red and tender to touch. He was put to bed and an ice bag applied to the lower abdomen, and the surgeon notified. He came and made a diagnosis of strangulation of the bowel and ordered the ice bag replaced that night. The next day we operated and found eighteen inches of bowel in the sac. The hernia was reduced and the bowel returned to the peritoneal cavity. The patient made a good recovery and left the hospital in fourteen days a well man.

Another case deserves mention. The patient, a young man, was wearing a truss which fitted well, but he seemed to be very tender over his hernia on the right side and often complained of nausea. He was thought to be more of a neurasthenic than anything else. He was advised to be operated on for his hernia and accepted, and the following is an account of that operation, which was interesting as well as rare:

Mr. A——, age thirty-nine, general condition good. Right inguinal indirect hernia, two years' standing. Never wore a truss because he could not stand the pressure of it. Operation was advised and accepted. Operation was started without incident. Ether the anaesthetic. After

reaching the canal, the sac was opened and the omentum reduced and the surgeon was about to proceed to ligate the sac, when a white substance, resembling a long piece of fat, showed up adherent to the inside of the sac. On freeing the adhesions and making traction on this piece of tissue it was found to be the appendix. The opening at the internal ring was stretched some, and gentle traction made on the appendix until the meso-appendix and the base of the appendix and the caecum were exposed. A hemostat grasped the tip of the appendix, the meso-appendix was ligated with No. 1 chromic catgut. The base was crushed by a clamp and the appendix ligated with double No. 1 catgut. The appendix was cut off with scissors, the stump cauterized with pure phenol and alcohol, and dropped back into the abdomen. The appendix was rudimentary in character. Then the Bassini operation was done for the hernia. The patient made a rapid recovery and left the hospital in fourteen days, after running a normal post-operative course.

We had four gall bladder cases in our series, three in women and one in man, showing another evidence of the female being more susceptible than the male. One case here deserves mention, especially from a diagnostic standpoint.

Mrs. Mc——, age sixty-four. Entered the hospital complaining of gastric irritability and severe pain in the epigastric region. After a week's stay in the hospital she showed signs of jaundice, which would more or less disappear every two days; but pain was constant and severe. Everything suggested gall stones with obstruction to the common duct. Operation was advised after consultation with a prominent surgeon. Patient refused and went on until her jaundice was very deep and lasting. Urine contained bile in large quantities, haemoglobin 85%. She grew weaker. About a week later she consented to an operation. Prognosis looked bad at this time. The operation was started, ether as anaesthetic. Right rectus incision was made and upon reaching the gall bladder it was found distended, and when opened, twenty large stones were removed. The gall bladder was emptied and drainage placed. Further exploration revealed the liver to be covered with hard nodules, undoubtedly carcinomatous in nature. Stomach and pancreas seemed normal. This is also more evidence of the close relationship of gall stones and carcinoma of the liver. Drainage having been placed, the incision was closed, but the bile never drained away, evidently proving that jaundice was due to the invasion of the growth upon the bile ducts in the liver. The jaundice grew worse and she died eight days following the operation of a coma caused by the carcinoma of the liver.

Of our remaining abdominal cases the case about to be cited will show plainly that the tonsils are avenues of infection, because of the poor resisting power that they offer, and also the importance of a family history in making a diagnosis. The diagnosis in this case was difficult. Mrs. H——, age twenty-three. Sought treatment for tonsilitis which was cured in five days. About two weeks later her physician was called in and found the following condition: Abdomen was distended and full of fluid, and gave the signs of ascites. Temperature 99.

Family History.—Brother had Pott's disease, otherwise negative.

Diagnosis.—Tubercular peritonitis.

Operation was advised, accepted, and the patient taken to the hospital. Incision was made about two inches above the pubes in the linae alba. On entering the abdominal cavity, the peritoneum was found to be covered with miliary tubercules and the cavity full of fluid. In the cul-de-sac a collection of yellow pus was found. This was also found in the folds of the broad ligament on the right side. She was drained by means of gauze wick in rubber tubing, and did nicely. Was allowed to go home in three weeks, the wound about closed. At the end of six weeks she consulted her physician again and he advised a second operation which was done. This time she was drained through the incision and also through the vagina. She made a rapid recovery and today I am informed she has gained in weight, appetite good and apparently in health, one year since her illness.

Another case of importance from a diagnostic standpoint. This case shows the peculiar makeup of some patients who are ashamed to seek advice from the family physician in regards to diseases of the genital organs. This patient would probably not have come under our observation had not some intercurrent disease made the condition worse. The diagnosis was made in this case.

Mr. V——, age forty-two. Admitted to hospital convalescent from pneumonia. Had some trouble and enlargement of the testicle. At first it was thought that he had a hydrocele, but upon examination with transmitted light, it did not verify the diagnosis, leaving doubt as to the nature of the trouble. The man's condition would not admit of giving ether, so cocaine was used locally. An incision was made into the right side of the scrotum and a brownish fluid escaped, explaining our failure with the light. Upon exploration the testicle was found to be destroyed and contained a caseous substance associated with a creamy yellowish pus having the appearance of a tubercular condition. The patient was unable to withstand any further procedure, so

drainage was instituted, and he was returned to bed. Tonics and good food were administered, and in two weeks he was given ether and both testicles were found to be destroyed by the tubercular process. The cords were ligated high up in the canal and the testicles removed. Drainage was used, and he made a rapid recovery. I saw him about a month ago. He had gained forty pounds and looks the picture of health.

The kidney cases in our series were three, one of which is very interesting from the operative view as the operation was very difficult and prolonged. The diagnosis was a cystic tumor of the left kidney.

Miss J——, aged six, an eight months baby. Summer complaint the first summer, almost died. Every week after recovery from the bowel trouble, she had peculiar attacks and her physician said she had kidney trouble. She had great pain upon urination at that time. At one year of age she weighed thirty-three pounds, which was rapidly lost. She never became an active child until three years old and at this time she had her tonsils and adenoids removed. For a while she seemed to improve. About eight months ago her mother noticed an enlargement in the left side, but did not consult her physician until about a month ago. Child had no urinary symptoms at this time, urine normal. Child was anemic, complained of loss of appetite, and chronic constipation. The mother was advised that an operation was necessary and consented. The child was brought to the hospital and ether was given. The usual kidney incision was made, but was soon found too small, so it was enlarged by severing the abdominal muscles on that side. Upon getting down on the tumor, it was found to be adherent throughout its entire circumference and very vascular. Here was trouble. All of these adhesions had to be ligated and cut before the tumor was movable. At last this was done and the pedicle was reached, clamped off and the tumor removed. The renal artery and vein were securely ligated, also the ureter was cauterized and ligated. There was a large amount of oozing from the adhesions, and we had to close the wound rapidly. The peritoneum had to be opened because of it being adherent to the abdominal muscles. This was closed in conjunction with the muscles, and drainage instituted. The child was very much shocked, but quickly responded, and today her wound has healed beautifully, the drainage stopped and she is normal in every respect, ready to go home. Upon examining the tumor which was the size of the child's head, we all agreed that it must be sarcoma. Laboratory findings showed it to be a round cell sarcoma undergoing myxomatows degeneration, the prognosis being

bad, and we look for a recurrence in the liver or spleen. This certainly was a difficult case, and the end result seems almost fruitless.

Salvarsan, Ehrlich's new cure for syphilis, has been given here intravenosly fifteen times with apparent good results. One case was that of a woman four months pregnant. We are anxiously awaiting the outcome. Our reactions have been mild except in one case, in which it was extreme, and we were somewhat alarmed for a while, but he gradually recovered and today feels fine. I would suggest that in all cases you may have or see, it would be wise to try the treatment.

Public Health

A very interesting meeting of the newly organized Society for Social Hygiene took place on May 1, 1912. A representative audience of almost 200 of the elites of Wilmington greeted the speakers, Dr. H. A. Kelly, of Baltimore, Dr. Wilson and Mrs. Mumford, of Philadelphia. Dr. Kelly emphasized the moral aspect of the social evil and insisted on character building and selfrestraint as essential to a successful fight. Dr. Wilson dwelt on the relation of the social evil to health and pointed out the fact that only through fear of the disastrous consequences of venereal disease will the community be led into the paths of virtue. Mrs. Mumford spoke of the obligations on the part of women to keep watch over young girls who are daily exposed to temptations.

The remaks of these able speakers were received with thoughtful consideration, and a large number of those present joined the society.

There will be considerable agitation in Delmar during the coming year for the bonding of the town to provide money for a sewerage system. Some of the other towns on the peninsula are about to do this, and as Delmar needs a sewer about as badly as any town on the peninsula, the matter is to be agitated here with the idea of educating the people to the necessity for such bond issue by the time of the next meeting of the Legislature. It is hoped to be able to bond for an amount large enough to also improve some of the streets.

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WHAT IS THE MATTER WITH OUR MUNICIPAL GOVERNMENT?—We have for a long time tried to discover what is the matter with Wilmington; why our municipal government is so woefully inefficient; why our taxes are high, and yet our streets are miserable, our Board of Health inefficient for lack of funds, and why we cannot afford a municipal hospital and other necessary things. We have discovered the trouble. Wilmington is suffering from locomotor ataxia,—a disease characterized mainly by want of co-ordination. That is it. Our various departments are not co-ordinated and are therefore extravagant and inefficient. Just imagine a large department store employing a superintendent, buyer, bookkeeper and cashier for each department, each accountable to no one but himself. How long would such a store last, and what would be the prices of the goods to the consumer? Yet, that is precisely what we are doing here. We have four city chief engineers, each with a corps of assistants, when one first-class chief engineer would do. Our revenues are received by three departments and numerous individual officers and the appropriations disbursed by as many more, each acting independently. Our sanitary supervision is divided among the Board of Health, meat inspector, milk inspector and the Water Department, each, again, acting independently and without any co-ordination.

One would think, for instance, that the sanitary supervision over our water supply should be in the hands of the Board of Health. The condition of the water has a definite

relation to public health, and who should be more competent to look after this supply than the officials who have charge of our health? But, no! Our Board of Health knows as much about our water supply as it does about what is going on in Wall Street. Did the Board of Health take part in the discussion on water purification? Does the Board of Health know how our water is purified? Does the Board of Health know what is going on in the Water Department laboratory? Is the Board of Health consulted when anything is wrong with the water supply? No! The Water Department is its own Board of Health, and the real official health body is kept busy abating some petty nuisances in out-of-the-way alleys. Recently, the Water Department saw fit to employ an expert bacteriologist at $100 a week and expenses and an additional assistant at $100 per month. For what purpose? We understand that a highly trained man is essential in carrying on experimental work, but all the experimental work in connection with our filtration plant has been done; the filter is already built, and is apparently giving satisfactory results. All that is necessary now is to carry on the routine work of testing the filter from day to day, and for that work an average bacteriologist with special training along this line, one who would demand perhaps $1500 a year, is quite sufficient. Why another expert? Was our Board of Health consulted about this? Furthermore, if special investigations are necessary, our State laboratory should be in a position to help, just as the State laboratory of Massachusetts is doing all of the work of the Lawrence filtration plant. Was the State Board of Health consulted in the matter? Yet, who, presumably, should know more about the sanitary supervision of a water supply: Physicians who are supposed to devote themselves to public hygiene or laymen who would not know a typhoid bacillus if it walked right into their reception room? Moreover, think of the absurdity of the situation: The Board of Health is badly in need of a laboratory for investigation as well as diagnosis of infectious diseases. The milk inspector should have laboratory facilities for the examination of milk, both chemical and bacteriologic; the Street and Sewer Department should have a laboratory for testing road building material; the Water Department needs a laboratory. Why can't there be one large city laboratory where all those things would be done?

Why? Because the very spine of our municipal government is diseased. We are suffering from locomotor ataxia.

THE NEW BOARD OF HEALTH.—Pursuant to the ridiculous but time honored and legalized custom, Dr. Howell, our city Mayor, appointed the following members of the "Republican" Board of Health: Dr. Julian Adair, Dr. H. W. Briggs, George C. Hutton and Frank C. Sparks. Alexander J. Taylor, chief engineer of the Street and Sewer Department, is member ex-officio, and is the only member of the old board left.

We congratulate the citizens and compliment the Mayor on this wise selection. No better representatives of the two schools of medicine could be found, and we can feel assured that the new board will make the very best of their limited opportunities to serve public health. With a meagre appropriation, limited power and brief tenure of office our Board of Health is of little practical value as far as the inauguration of large and comprehensive schemes to protect the public health is concerned. The Board of Health depends on the City Council not only for the appropriation, but for authority, and therefore any blame for omissions in the protection of the health of the community should be laid at the door of our City Council. The quarantine of contagious diseases in the homes of the poor foreigners is in the majority of instances a farce,—for this our Council is directly responsible. The only solution is the establishment of a municipal hospital, and this can only be done by the Council. The meat inspection is a joke, and the milk inspection a parody—and for this, again, the Council and not the Board of Health is responsible.

But there are certain things the Board of Health can and should do. The Board of Health, should, for instance, declare tuberculosis a communicable and reportable disease, and co-operate with the Anti-Tuberculosis Society in stamping out the white plague. It should educate the public through newspaper articles or other equally effective means, in matters pertaining to public health. It should have the courage and manhood to hold up our city fathers (save the mark!) to public derision whenever these dear fathers place politics above public health. It should place at least the secretary who is the executive officer, on a civil service basis, making his position depend on his merits and service rather than political views and party servility.

It remains to be seen whether the new board will measure up to the great responsibility, that of protecting the health and lives of men, women and children. By their fruit they shall be judged.

In wishing the new board God-speed, we must not forget the faithful services of the retiring board, which showed a progressiveness and appreciation of responsibility worthy

of emulation. That in the flight towards the ideal, the wings of its members have been clipped by the Council is only the more reason to commend them for the effort. We sincerely regret that the exigencies of political war with its system of spoils made it impossible for the Mayor to reappoint at least one of the old members; we also deplore the fact that the same consideration will deprive the city of an efficient executive officer. In contemplating these and similar happenings in our municipal government, we often feel our natural piety leave us, and the exclamation, "politics be d—d," roll off our tongue.

THE DELAWARE HOSPITAL.—In a city with a medical school or schools, the school becomes the medical center, from which emanates the latest scientific knowledge and towards which converge the rays of light shed on obscure medical subjects by scientific research. In a city without a medical school, the hospital or hospitals become such medical centers. Here the best medical talents of the community are given an opportunity to develop; here new methods of diagnosis and treatment are investigated, new medical truths established; here the physicians of the community find their post-graduate school where they can see not only unusual cases but, what is more important, groups of cases; where they can witness the working out of pet theories or new ideas not on a single case but on groups of cases. The hospital, therefore, is not an almshouse where paupers receive balm for their wounds; it is not a place where patients of the middle class can save the price of a trained nurse; it is not a dumping ground where dying or nearly moribund patients may be sent to relieve oneself of the responsibility; it is not a place where bungling surgery may be done without fear because the hospital bears the brunt of the outcome; it is a medical institution; it is an institution in which serious and painstaking work is done not alone to relieve the suffering of the sick, but to advance medical science. A hospital, furthermore, embodies the spirit of the profession of a given community and reflects the character of the physicians who are directly or indirectly connected with it.

The Delaware Hospital is the oldest and largest institution in the State and is practically the only medical center of the State. (We do not speak of the Homeopathic Hospital which fills the want of about one-fourth of the physicians of the State, nor the Physicians and Surgeons Hospital which is still in its infancy and still a semi-private institution.) Yet, this, our chief medical center is crippled not only from lack of funds, but, what is far worse, from lack of support from the medical profession. On the contrary, it

seems that every effort is being made to discredit whatever good work it, with its meagre resources, is doing.

The report of the hospital for 1911 discloses the following significant facts: There were admitted during the year 376 pay patients and 563 free patients. As most of the pay patients were admitted by the 30 physicians on the staff and most of the free patients by the doctors outside, we may ask, is this fair? Is it fair to discourage a patient who is able to pay from going to Delaware Hospital, but send in all the free cases? Furthermore, of the 85 deaths, 37 or 43.5 per cent. occurred during the first 48 hours, showing that a number of moribund cases are sent to the Delaware Hospital, the attending physician knowing that death is imminent. We ask again, Is it fair? Is it fair to make the hospital bear the criticism for its high mortality for which it is in no way responsible?

Whatever is done by the profession to help the Delaware Hospital will work towards the uplifting of the medical profession; whatever is done to discredit it, will ultimately lower the medical standard.

Lodge Practice and Its After-effects.—It is only short-sightedness that makes a physician accept a lodge practice with its beggarly compensation, and to make this proposition clear we will put the gain and loss in parallel columns:

GAIN.	LOSS.
1. Ready cash.	1. Increased expenses for transportation, etc.
2. Early foothold on practice.	2. Practice unstable and unsatisfactory.
3. Large circle of acquaintances.	3. Acquaintances not of a kind to do permanent good.
4. Rapid increase of business.	4. Too busy to do thorough work.
5. Apparent prosperity.	5. Prosperity evancescent.

The doctor, who is mostly a recent graduate and should have a thorough post-graduate schooling in self-discipline and conscientious work, finds himself compelled to see a large number of patients who pay for his services at such rates as to make any reasonably thorough investigation of a case out of the question. He has no incentive to do good work, even if he had the time. The result is that he gradually acquires slip-shod methods of diagnosis and treatment, and in a very short time becomes a real cheap doctor. Once in the mire, he finds it difficult to extricate himself, so that

later in years, when on his feet, he is without friends, without prestige and without respect from the more intelligent portion of the community. His practice has added nothing to his store of knowledge, his experience is of no value, and he could not make good even if opportunity should present itself. He remains a cheap lodge-doctor whom people consult in what they regard as trivial cases of sickness, just as they would consult a druggist, but whom they discharge as soon as the case assumes a serious aspect. Accustomed as he is to place his services at a low valuation, he renders services which are equal to their value, and the erstwhile proud possessor of a medical diploma finds himself in the lowest ranks of the medical profession. Nor is this all. He makes possible the existence of medical lodge-practice which is not only a cruel deception on the poor but a blot on medical practice.

All this is unnecessary. Let us agree one and all that we will not accept the insulting proposition from the lodge promoters. There will be fewer lodges but the number of sick will remain the same, and while each doctor will get a fewer number of patients, he will be just as well off financially and certainly better off intellectually.

Dr. Julian Adair Resigns from the National League of Medical Freedom.—Criticism has been raised against Dr. Adair on the ground that he accepted the appointment on the Board of Health while holding a position on the Advisory Board of the National League for Medical Freedom. We are authorized by Dr. Adair to state that he has resigned from the League.

The Delaware State Medical Journal Gaining in Popularity.—We are receiving requests for the Journal from various parts of the country, and the latest request came from Natal, South Africa. Surely a sufficient incentive to make our Journal better every month.

We again remind the down-State physician that this is a State Medical Journal and not the Journal of New Castle County. We expect the doctors from the other counties to send us original papers, communications or reports of interesting cases. We have already given up all hope to hear from the secretaries of the county societies.

The United States Senate and the Tale of Two Disasters.

(Editorial from The Lancet-Clinic, April 27, 1912.)

The Titanic went down with sixteen hundred souls on board. Its loss represented millions upon millions of wealth. The world now knows that it was a case of recklessness, a sacrifice to preventable causes. It was the greatest single maritime disaster in history. The world was shocked. Rulers telegraphed words of condolence to each other. The United States Senate properly and promptly appointed an investigation committee that hastened with all speed to beat the survivors to port. Senatorial brows were thoughtful and senatorial pens were busy to formulate legislation designed to prevent recurrence of the calamity. Senator Raynor and others anathematized the steamship company and its managers. Others did the same. A common human impulse has ratified the celerity and purpose of all this present activity at Washington.

But suppose that during the last twelve months not only the Titanic, but four hundred Titanics, each carrying 1,500 persons, had gone to the bottom of the sea. Or suppose that every craft of every class belonging to the United States Navy, with every officer and man on board, had been lost during the last year. Then suppose that that accident had happened, not once but ten times over during the same period. Suppose that all that great loss—either four hundred Titanics or ten United States navies—had been the result of entirely preventable causes. Is it conceivable that under such circumstances Senator Raynor and other Senators would have arisen in their places to make some observations on the occurrence? Would a committee on investigation have been appointed, a bill drafted and legislation enacted in something less than four years? Yet Senator Raynor and his colleagues have been guilty of precisely such indifference and such negligence in the presence of an annual disaster that, in loss of life and treasure, is the equivalent of the loss of four hundred Titanics or ten United States navies.

They cannot plead ignorance of the facts. By their own act, by the act of Congress, a bureau of the government was created that has furnished information to both branches of that body to the effect that over 600,000 die every year from preventable diseases. Statisticians and economists estimate the monetary loss thus incurred at more than two billion dollars annually. The whole disaster, including deaths and loss of money, is due to somebody's carelessness. The United States Government is not doing its duty in the premises.

The Owen bill, to rectify this situation, was introduced in the Senate four years ago. Senator Raynor and his colleagues have permitted it to slumber in committee during all of that time, while, so far as the loss of life and treasure were concerned, Titanics have been going down at the rate of more than one a day. And now, within the last few weeks, when a play is to be made to catch every possible vote at the coming election, the committee of the Senate insults the intelligence and humanity of the country by reporting out a puny and emasculated measure.

The Committee on Public Health and National Quarantine, that has been responsible for this disgraceful delay and that is now responsible for this equally disgraceful report, consists of Senators Thomas S. Martin, Virginia, chairman; Samuel D. McEnery, Louisiana; Charles A. Culberson, Texas; Duncan N. Fletcher, Florida; Henry A. duPont, Delaware; Jonathan Bourne, Jr., Oregon; Reed Smoot, Utah; Joseph L. Bristow, Kansas; Coe L. Crawford, South Dakota. The names are given because the time has come when men guilty of such derelictions are to be held politically responsible to their constituents, as they ought to be held personally responsible to the sorrowing but bereaved friends of their victims. We ask every physician in Virginia, Louisiana, Texas, Florida, Delaware, Utah, Kansas and South Dakota to bring these facts and their significance to the attention of his patrons, and especially the attention of every person who directly or indirectly has been victimized by preventable diseases. The physicians and electors of Oregon have attended to the matter of Jonathan Bourne, Jr., whom they have elected to stay at home.

Senator Raynor is right. Investigate the steamship company and its officials for criminal carelessness. The people, too, are right. Investigate Senator Raynor and his colleagues. Investigate him and his colleagues for equally culpable neglect in the presence of even greater disaster. Let there be no doubt but that the people will do this very thing, and do it promptly.

C. A. L. Reed.

A well-known instrument dealer makes the statement that "doctors are usually good pay but slow, and are usually offended if asked to be prompt in the settlement of accounts." This indictment is worthy of some consideration, for the instrument maker is not the only tradesman who complains that many doctors are "slow pay." Perhaps the reputation that doctors have of being "poor business men" is in part founded in the habit of procrastination in the payment of obligations, though we believe that some of this

reputation is due to the leniency shown patients in the settlement of accounts for professional services rendered, and to the general tendency which permits doctors to be victimized by those who profit by the credulity of others. However, the reputation is not one of which we should be proud and there is no good reason why we should suffer from such stigma. Business methods should be followed by the doctor just as much as by the tradesman and there is no good excuse for following any other course. The extension of credit is what works harm in any business, and the most successful as well as the most respected business man is the one who maintains his own credit and refuses to extend undue credit to others. The practice followed by some physicians of sending out statements once or at most most twice per year leads to the loss of much money that could be collected if more business-like methods were followed. This carelessness on the part of the doctor in the collection of accounts leads to carelessness in maintaining his own credit, and in turn to a loss in that confidence and respect which the general public should entertain. The doctor is, therefore, the loser in whatever light the matter is viewed.—*Indiana State Medical Journal.*

When Percy McFall graduated and decided on a location to practice medicine, his father sent him a check for $1,000 and asked that Percy itemize his expenditure of that amount. Four days later his father received the following: "Dear Father: The thousand went rather quickly and will need $20 immediately. According to your instructions I have itemized expenditure of the check as follows:

Desk and two chairs	$ 25.00
Office rental	15.00
Medicines, cotton and bandages	10.00
Moving expenses, fixtures, lights, etc	5.00
Runabout, completely equipped	945.00
Total	$1,000.00

—*Indiana State Medical Journal.*

Medical Progress

It is useless to administer tannic acid for internal hemorrhages. The latter is converted by the gastro-intertinal

juices into gallic acid, which, in turn, is absorbed and oxidized.

Fluid extract of smart-weed in doses of 30 to 40 drops three times daily was found by Dr. Levashoff, of Odessa, Russia, to be very efficacious in internal hemorrhages, particularly hemorrhages from the uterus.

Gelsemium is especially valuable in excessive nervous irritability, as in neuralgia, ovaralgia, tic doloreux, myalgia, lumbago, intercostal neuralgia and sciatica.

In spasmodic coughs, especially whooping cough, it often affords relief. In cerebral congestion and irritation, combined with the bromides it is of value. It is of marked advantage in ovarian irritation, painful menstruation and pelvic disorders of a like character and is to be preferred to opium because it does not produce a "habit."

It is especially valuable in acute coryza and influenza and in some cases of spasmodic asthma great relief is afforded by gelsemium.

Lumbago, which is really in many cases, a neuritis, has yielded time and again in my practice to large and increasing doses of gelsemium.—*Kentucky Medical Journal.*

In cases of earache a solution of glycerin and carbolic acid 12 per cent. dropped in the ear as warm as can be borne, affords some relief; or a few drops of equal parts of carbolic acid, menthol and cocain may be instilled into the meatus.

The best cholagogue is ordinary pure castile soap of which 2 or 3 grains in pill form may be taken 3 times daily. It is certainly cheaper than the much advertised bile stimulants and probably as efficacious.

Agar in the Treatment of Constipation.—Dudley Roberts finds it of great value in many forms of constipation. It is also of value in the treatment of certain forms of diarrhea. When ingested it causes scarcely any discomfort, and is in no way irritating to the intestine. When taken for constipation it stimulates peristaltic activity by its bulk but no habit is established. Roberts has found the dose to be four to eight teaspoonfuls, while adults like the finely cut agar, children prefer the ground variety in cereals. It may be taken dry from a spoon and washed down with fluid or is taken with vegetables, cereals and cooked fruits or with thick sauces. It may also be mixed with the dough of cakes,

biscuits and cookies just previous to baking.—(*Jour. A. M. A.*, Feb. 24, 1912, p. 573.)

GASTRIC FERMENTATION.—

R	Gm.		
Sodii salicylatis	6		dr. iss
Bismuth subnitratis	4	or	dr. i
Pulv. sacchari	2		gr. xxx

M. Fac pulveres xxx.
Sig.: One after each meal.

HYPERACIDITY.—

R	Gm.		
Prepared chalk	5		gr. lxxv
Magnesia	2	or	gr. xxx
Bismuth subnitrate	0.5		gr. viii

M. Fac pulv.
To be taken at one time. (*Bull. Gen. de therap.*)

VERRUCAE.—

R	Gm. or c.c.		
Acidi salicylici	1		gr. xv
Etheris	1		m xv
Alcoholis	2.5	or	fl. dr. ss
Collodii	5		fl. dr. i

M. Sig.: Apply one drop once daily.

R	Gm. or c.c.		
Acidi salicylici	1		gr. xv
Acid lactici	1	or	m xv
Collodii .....ad	10		ad fl.dr.iiss

M. Sig.: For external use.

R	Gm. or c.c.		
Resorcinolis 10-	20		dr. iiss-dr.v
Glycerini		or	
Petrolati .....aa	25		aa oz. i

M. Ft. pasta. (Merck's Archives.)

PSORIASIS AND CHRONIC ECZEMA.—

R	Gm.		
Salicylic acid	6		gr. x
Chrysarobin	1.3		gr. xx
Green soap	1.6	or	gr. xxv
Lanolin	1.6		gr. xxv

To be applied every morning. (*Tribune Medicale.*)

CHILBLAIN.—

R	Gm. or c.c.		
Ichthyolis	1		fl. oz. ss
Resorcinolis	1		gr. xxx
Acidi tannici	1	or	gr. xxx
Aquae dest.	50		fl. oz. iii

M. Sig.: Apply at night.

R	Gm. or c.c.		
Camphorae	0 5		gr. viii
Cerae albae	20		dr. v
Olei lini	40	or	fl. dr. x
Balsami peruviani	0 75		grs. x

M. F. ung.

R	Gm. or c.c.		
Iodi (vel ichthyolis)	0 2		gr. v
Collodii	20	or	fl. dr. v

M. Sig.: Apply once daily.

—(*Jour. A. M. A.*, Feb. 24, 1912, p. 555.)

Motor News for Doctors

Under the Charge of Frank Alderman

The physicians of Delaware organized a motor club to promote the interests of its members in the use of the motor vehicle in professional work. This combination will enable the doctors to get their supplies at wholesale rates, and already bids have been received from dealers offering motor supplies at a reduction of 20 to 25 per cent. At the first meeting held April 25, 1912, the following officers were elected:

President—Dr. J. P. Lukens.

Vice-President—Dr. Willard Springer.

Secretary—Dr. Albert Robin.

Treasurer—Dr. E. Q. Bullock.

Board of Directors—Drs. H. Spruance, H. R. Pennock, and H. W. Briggs.

It was decided to make the initiation fee $2.00 and the annual dues $1.00. Applications for membership should be made to the secretary and should be accompanied by $3.00.

Additional list of doctors and their automobiles:

Luther S. Conwell, Camden, Buick.

—E. M. Vaughan, Middletown, E. M. F.
—W. W. Ellis, Delaware City, Maxwell.
—B. B. Peters, Christiana, Pierce-Arrow.
—Wm. P. Orr, Lewes, Maxwell.
—E. Shipley, Seaford, Jackson.
—J. D. Niles, Townsend, E. M. F.
—J. Martin, Magnolia, E. M. F.

—Dr. J. A. Ellegood purchased a Ford runabout.
—Dr. Hancker purchased a Baker electric.
—Dr. J. P. Lukens purchased an Overland touring car.

Mr. Chandler reports splendid results from his Stoddard-Dayton solid tires.

Letters to the Editor

Editor Delaware State Medical Journal:

SIR: With reference to the editorial on page 8 of the Delaware State Medical Journal, I desire the privilege of stating some of the reasons why I, as an individual, am opposed to the "Single Examining Board;" before so doing, might I be permitted to inform the editor than neither Hahnemann nor the Homeopathic profession, or any part of it has ever been committed to the doctrine that "all diseases originate from the 'itch.'"

In 1899 the American Institute of Homeopathy officially defined a homoepathic physician "as one who adds to his knowledge of medicine, a special knowledge of homeopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

The statement that "most homeopaths have already given up the obsolete tenets of their 'school,'" is to me a most interesting one; perhaps the editor will be kind enough to give the exact figures and facts which enabled him to reach such a conclusion. It is quite unthinkable that the editor, an honored practitioner of scientific medicine, would make any assertion not based upon thorough pains-taking investigation.

I am interested to know on what basis the editor assumes the right to ignore the argument that the correctness of the homeopathists' premises are proven by the results. Is

it because he explains the prosperity of the homeopathic profession on the ground of economics, *i. e.*, it is cheaper for the public to employ homeopathic practitioners? How then does he explain the fact that the percentage of recoveries, or arrested cases of tuberculosis, is higher under homeopathic treatment than under Old School methods at the Massachusetts State Sanitorium, Rutland, Mass.? Both schools of practice having equal opportunities in that institution.

Perhaps the editor will state his grounds for refusing even to consider the tremendous difference in the death rate of pneumonia, 3.9% being the homeopathic report and 29.5% Old School records. And typhoid fever 3.8% Homeopathic results as compared to 8.6% regular methods.

I accept the statement that a knowledge of what you term the fundamental sciences is essential and that the majority of physicians recognize and follow the principles of hygiene and public health, but such knowledge and such recognition does not in any sense of the word, constitute the full duty of the medical practitioner. These sciences and these principles are but a means to an end, and the end in this instance, is the restoration of the diseased to health and the prevention of disease.

You ask of the layman, "Do you believe it is possible to cure a disease which is not recognized?" I would answer for him by saying that if by the term "recognized" you mean diagnosed, most emphatically, yes. There is not a physician in Wilmington of any experience at all who has not treated, and treated successfully, cases, the real nature of which he was ignorant. Nature undoubtedly restored some of them in spite of the treatment, but who can say just what proportion was taken care of by *vis medicatrix naturae?*

CONCLUSIONS.

The present system of two boards should remain because there has been no real change in the situation since the passage of the act creating them, the dominant school, scientific, if you please, still persists in its attitude of calm superiority, refusing even to consider the claims and results of homeopathic therapeutics.

From a more personal standpoint, I am satisfied with the situation as it is. The homeopathic profession in Delaware is a unit, a feeling of kindliness and helpfulness is the rule rather than the exception. Why should I desire a more intimate contact with that branch of the profession notorious for its lack of the elements which goes far toward making the practice of medicine worth while.

The argument that we should have a "single" board because we have a common enemy and therefore should present an united front is untenable because a single board would not create a united profession. There ARE two schools of medicine and there will be, until that great day when our friends who like to call themselves the "regular" profession will investigate and study in a scientific manner the claims and arguments of their homeopathic brethren, and, says our friend the editor, "Science is the classification of demonstrable facts."

Respectfully,
VICTOR D. WASHBURN.

[Comment.—There is a great deal we would like to say in reply to Dr. Washburn's letter, but we prefer to give our readers an opportunity to enter into the discussion. The subject of modern homeopathy might as well be thrashed out. Let us have the real truth about "modern homeopathic practice.—EDITOR.]

Public Health

MIDWIVES IN NEW YORK CITY.—The statistics of midwives in the Bulletin of the New York City Department of Health is interesting. There are 1,344 midwives in the city, of whom 6.4 per cent. are natives of Italy, 23.1 per cent. of Germany and 23.1 per cent. of Austria; 512, or 38 per cent., were from foreign schools and showed evidence of a satisfactory training; 573, or 42.6 per cent. of the total number of diplomas presented were from schools in the United States. It has even been a source of surprise why American women are so averse to taking up obstetrics as a profession. In Europe it is quite a matter of pride to have some relative practice midwifery, which reflects a glamour upon the family unto the third generation. In the great cities on the continent poverty and ignorance are the heritage of thousands, and midwives are part of the economic system prevailing under the circumstances. In America even the so-called lower classes are able and willing to employ a doctor to act as obstetrician, and it is a remarkable fact that midwives in America are usually engaged by foreign-born women. This may account for the large number of European-born midwives practicing in this country.

During the year 1911 there were $14,500,000 expended in this country in anti-tuberculosis work.

Dr. C. H. Shutt, St. Louis hospital commissioner, has announced that bills will be introduced in the Municipal Assembly soon, providing for two assistant physicians at Robert Koch, the tuberculosis hospital, at $100 a month each. Two emergency physicians are now there at $50 a month. Dr. Shutt said provisions would be made in the bill allowing the retention of the doctors whenever obtainable. It is said that because of the great hazard it is difficult to obtain physicians or nurses who will work in a consumptive hospital. Most of the nurses are from a Philadelphia hospital, where they received treatment for tuberculosis. The probabilities are that physicians obtainable will be slightly afflicted with tuberculosis. They are closely watched and if they become too greatly advanced they are not allowed to work.

Improvements costing $300,000 will be made during 1912 at the free tuberculosis sanatorium near Colorado Springs, Colo., by the Modern Woodmen of America, a fraternal insurance society. Permanent structures erected will include a central building and receiving hospital, the former 220x120 feet and the latter 85x100 feet. Both will be of heavy fireproof construction. A power and heating plant will supply electricity and steam to all parts of the grounds. The present number of tent-cottages will be doubled, giving facilities to care for approximately four hundred patients. When completed the sanatorium will have cost more than a million dollars. This institution is the only one of its kind that makes no charge for treatment of tuberculosis, insurance saved warranting the expenditure involved. Inauguration of the improvements mentioned marks the passing of the experimental stage. Though it has been in operation but a short time the sanatorium already has justified its existence in the mere matter of dollars and cents by prolonging the lives of members of the society, thus proving that it is a practical philanthropy. Of greater importance, however, than the actual curing of disease is the educational feature, patients going out from the institution proving most effective missionaries to warn others and to teach the doctrine of right living.

Open Air.—H. Sewall, Denver (*Journal A. M. A.*, January 20), reviews the theories and the facts as known in regard to the injurious effects of close air and bad ventilation. There is no question as to these effects in lowering vitality,

but they are not due, it has been shown, to the increase of carbon dioxid. The theory that it is due to the toxic effects of the animal emanations supported by the experiments of Brown-Sequard and d'Arsonval has been somewhat discredited of late years by the results of other observers, though very recent experiments by Rosenau and Amoss seem to again favor it. The researches that have been made on the subject of the physiology of ventilation in general seem to point to a tangible, measurable, physical basis for the hygienic and therapeutic virtues of open air, and while a positive assumption that rebreathed air is chemically deleterious would be wrong, the contrary point of view is also unfounded. Sewall is inclined to the view that the open air furnishes the most favorable environment for the play of nervous impulses involved in the balance of vital forces. He sums up his paper in the following conclusions: "1. No proof has been furnished that the increase of carbon dioxid, the decrease of oxygen or addition of organic animal matter in the air of ill-ventilated apartments is, under any ordinary circumstances, injurious to health. 2. It has been proved that such chemical changes are not the cause of the sensations and symptoms due to poor ventilation. 3. The subjective and objective effects of close air are the result of the combined elevations of temperature and humidity incident to the association of living bodies. 4. It is argued that the temperature nerves of the skin are specific sense organs for the appreciation of the variations of temperature and humidity and through which a wide range of metabolic actions in the body is regulated. It is through the genius of the moving air of the open that the temperature nerves find most salutary stimulus and induce metabolisms characteristic of highest machine efficiency in the body. 5. The environment of the open air is conducive to an esthetic state that should not be ignored as an aid to healthy living."

Hygiene of the Swimming-Tank.—W. J. Lyster, Fort Sam Houston, Tex. (*Journal A. M. A.*, December 16), reports the results of experiments to test the water of the large swimming-tank of the gymnasium of the University of Pennsylvania, which is frequented by large numbers of students every day of the week except Sunday. The water is supplied from the city main, having passed through the city filters, but is again passed through a patent rapid filter with alum as a coagulant. Samples of water were placed on agar and gelatin and showed a large increase in the bacterial count in the water of the tank over that of the mains and filters. Fifteen hundred gallons of water were passed

through the tank daily and it is cleaned out and scrubbed every Sunday. Later they undertook to destroy by means of chlorin the organisms in the water, using at first sixteen pounds of chlorinated lime, guaranteed 30 per cent. available chlorin, in half a barrel of water and two-thirds of the supernatant fluid bailed out and thrown into the tank, the inflowing daily supply of 1,500 gallons being cut off for five days. In the second attempt a much smaller amount of chlorinated lime was used, it being desired to use only one part of available chlorin to 2,000,000. This did not change the water perceptibly to be noticed by the bathers, and the results of both experiments are given in tabulated form. Their conclusions from the study are give nas follows: "1. Pathogenic organisms may readily find entrance to the water in swimming-tanks by means other than the water supply, and possibly cause disease. 2. There is a large increase in the number of organisms normal to any particular water, as well as of others, during the period that water is held in the tank. 3. All of these organisms are quickly destroyed by small amounts of chlorin, readily added to the water in the tank every morning before the usual hours of use. 4. The accumulations of hair and other debris observable at the bottom of the tank should be removed daily by small hand pumps, these accumulations affording a favorable medium for the development of certain organisms and being less readily disinfected than the water. 5. The hygiene of the tank is aided by the construction of troughs at the edges to afford places for expectoration and to prevent water draining back into the tank from the sides. A shower bath should be used before a swimmer enters the common tank."

Miscellaneous

FAKE CARNEGIE UNIVERSITY OFFICIALS ON FRAUD CHARGE.

Vanderheide and Lintott, President and Secretary, Respectively, Are Held Under $3,000 Bail Each to Answer Government's Charge on May 22.

J. J. Homan Vanderheide and James E. Lintott, alleged president and secretary, respectively, of the Carnegie Uni-

versity, of this city, about which much has been said, were arrested by the United States authorities on charges of using the mails to defraud.

The defendants were apprehended at No. 213 West street over the door of which building appears in gold letters, "Carnegie University, Administration Building." After the men had been taken away by the deputy marshals Postoffice Inspector Plummer and Sergeant Wardle made an inspection of the building and what they took away with them nearly filled a two horse wagon. Everything of any value that might be used as evidence against the defendants was taken by the authorities.

Literature of every description advertising the Carnegie University, alleged diplomas, correspondence between the university officials and students, a register of the students, and a large quantity of various other printed matter, including pictures of the Ford Building, at Tenth and Market streets, with the words "Carnegie University' in black letters across the front of that structure and other literature the Federal authorities believe to be misleading.

Vanderheide is rather a distinguished looking man, with Van Dyke beard, and is probably 40 to 45 years old. His native country is said to be Holland. The alleged secretary of the institution, J. F. Lintott, is a younger man. He is rather slender and has a small black mustache and a deep voice. It is said that he came here from Maine. The two are said to have lived in Wilmington about a year.

The interior of the Carnegie University is arranged mostly in offices, one room having over the door, "secretary's office." Two young women were busy there at typewriters when the authorities arrived and Messrs. Vanderheide and Lintott were at work at their desks. There were not about any of the "learned professors" or instructors in the various branches of study for which the institution advertised it issued diplomas. The front room on the first floor of the building contains about two dozen chairs and this was supposed to be the lecture room.

The offices proper are on the second floor of the building and are about as well equipped as offices could be. Everything was arranged in a splendidly methodical manner. Numerous shelves in the secretary's room contained stacks of literature sent out by the university and everything needed in the business the university carried on. Several bundles of new diplomas were found by Post Office Inspector Plummer and these were taken away with the other articles.

The men were arraigned before United States Commissioner William G. Mahaffy for a preliminary hearing. They were represented by J. Frank Ball, who entered a plea of not guilty.

After the long complaint against the men had been read, District Attorney John P. Nields asked for a continuance of the case until May 15, and that each defendant be held in $4,000 bail. He explained that the maximum penalty fixed by the law for the offense the defendants are accused of, was $10,000 fine and two years imprisonment.

Mr. Ball asked that the hearing be continued until May 22, and the request was granted. He also thought that $4,000 bail was excessive and said that his clients could furnish $2,000. Mr. Mahaffy finally fixed bail in the sum of $3,000 each, with the understanding that after he had heard the evidence he would use his discretion whether to lower or increase it.

The commencement exercises of the Delaware Hospital Training School for Nurses were held on May 7, 1912. The following young women received their diplomas: Mrs. Matilda Herman, Miss Natalie Hoffecker, Miss Hilda B. Page, Miss Sarah Husbands, Miss Pearl Moore and Miss Margaret Godfrey. The commencement address was delivered by Dr. A. Robin.

Dr. Norman B. Gwyn, of the Jefferson Hospital, Philadelphia, read an instructive paper on pneumonia and its complications before the regular monthly meeting of the Physicians and Surgeons Hospital Association, held at the rooms of the Board of Education, on May 7. Dr. Gwyn's paper was heard and enjoyed by a large number of physicians.

In a general way Dr. Gwyn drew attention to the complications in this disease involving the heart and the abdominal cavity, and the pneumonia as it appears in those patients debilitated by advanced age. The address was much enjoyed and was followed by an interesting discussion.

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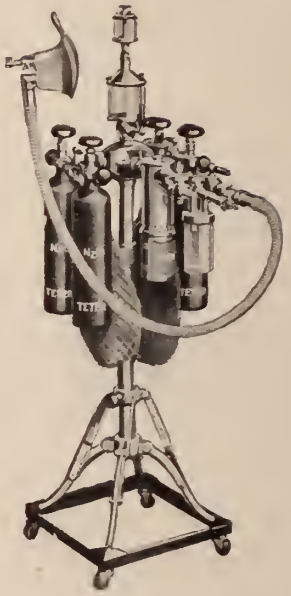

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34x3 1-2	18.40	5.10	37x4 1-2	37.30	8.80
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Intravenous Administration of Antitoxin in the Treatment of Diphtheria and Tetanus

Dr. Wm. H. Park of New York, in a lecture delivered before Harvard Medical School, March 13, 1912, states that the amount of antitoxin in the blood during the first day after its intravenous injection is far greater than after subcutaneous injection (at end of 24 hours 20 units by subcutaneous, 72 units by the intravenous injection).

The intravenous method is imperative in tetanus—not to use it is in Park's opinion almost criminal. Park "advises surgeons to keep antitoxin on hand and at the very first sign of tetanus—without waiting for certainty of diagnosis—to inject at once intravenously 20,000 units. This will save many that would otherwise die. In continuing rigidity Park advises injection every 12 hours for several days."

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Dr. H. G. M. Kollock, of Newark, has been a practicing physician for 40 years, and 38 years of that time he has been located in Newark.

Dr. Kollock was born in Sussex County near Millsboro, a son of Joseph and Sarah Kollock. He was graduated from Jefferson Medical College, Philadelphia, in 1872. After practicing two years in the Quaker City, his health failed and he went to Newark, where he had previously attended the old Newark Academy.

Dr. Kollock is an ex-president of both the Delaware State Medical Society and the New Castle County Medical Society. He is a member of the American Medical Association and an honorary member of the Cecil County, Md., Medical Society. He served several years in the Newark Town Council, being President of that body in 1889. He has served as President of the Newark Board of Health for some years.

"A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals."—*From the proposed revision of the Principles of Medical Ethics.*

Delaware State Medical Journal

Diagnosis and Treatment

of some of the more common Skin Diseases—A few general considerations

By J. W. Bastian, M. D.

In examining skin lesions, there are several important things to take into careful consideration. First. The duration, and if the first or recurrent attack. Second. The distribution. Third. The character of the lesion, and whether primary or secondary.

Primary lesions are macules, papules, vesicles, blebs, wheals, pustules, tubercles, and tumors. Secondary lesions are excoriations, fissures, crusts, scabs, scales and ulcerations.

We must consider the color, shape, elevation, size and mode of extension. Subjective symptoms are itching, pain, etc. General symptoms are fever, emaciation, etc.

I will now endeavor to consider a few of the more common skin diseases.

Eczema.—The most common of all skin diseases, forming about 25 per cent. of them, is a non-contagious inflammation of the skin, arises spontaneously, and does not run a definite course. Is characterized by any or all of the results of inflammation, such as erythema, papules, vesicles, pustules, fissures, scales or crusts, accompanied by more or less intense itching, and a feeling of heat and burning. After scratching there is generally some weeping of a serous exudate. Eczema may be acute or very chronic; it may appear on any portion of the body, or involve the whole integument.

Treatment.—Eczema is a curable disease, but there is no specific. We must combine external and constitutional treatment. The most important means of treatment for all the varieties are remedies used locally, selecting the appropriate one for each particular case. Nothing irritating should ever be applied to the surface of an acute inflamed eczema, and in the chronic stage it is hardly possible to find anything too stimulating. The affected surface should be

freed from the product of the disease, the crusts, scales or scabs. This is best done by means of oily or unctuous applications, avoiding as much as possible soap and water, especially in the acute cases. The irritated skin should be treated by bland soothing ointments, powders or lotions, and scratching absolutely prevented. In children this can be done by use of masks, bandages, or splints to the arms.

Ointments of zinc oxide, boric acid, bismuth, etc., powders of zinc stearate, zinc oxide, magnesia carbonate and boric acid. Lotions of 2 to 10 per cent. boric acid, lime water, zinc oxide, etc. After the disappearance of the more acute symptoms, more stimulating applications are indicated; among which are salicylic acid, carbolic acid, menthol, thymol, pix liquid, etc., used in ointments, lotions or pastes.

Constitutional Treatment.—This does not always mean medicinal, for often attention to the diet, digestion, bowels and other hygienic measures are more important than drugs. Do not use arsenic in acute stages, or where there are disorders of digestion. If the bowels are sluggish, magnesia sulphate, syrup rhei, or small doses of calomel are indicated. If urinary secretion be small and heavy, give full doses of potassium acetate. If anemic, iron quin. et strych. or Syr. Hypophos. Co. are indicated.

Impetigo Contagiosa.—Is an acute, contagious and autoinoculable inflammatory disease, very common in children, and mothers and nurses who are often affected by the children under their care. Characterized by the formation of superfical, elevated, flattened, rounded or oval vesicles or blebs, from the size of a split pea to that of a finger nail; often becoming sero-purulent and drying to a rather thick, dark yellowish, superficial, stuck-on crust or scab, usually unattended with itching, and no surrounding area of inflammation. The lesions are always single, although when the pustules are very numerous a number of them in close proximity may appear like an irregular group. It usually reaches its maximum development in from three to six days, while the individual lesion run an acute course of from six to ten days. The development of new lesions and the irritation produced by picking or scratching often keeps the disease running for weeks. The distribution of impetigo is principally on the face, hands, legs and feet, but may be located anywhere on the body from the top of the head to the soles of the feet.

Treatment.—The finger nails should be kept cut and cleansed; the wash cloths and towels should be sterilized by thoroughly boiling, and boric acid or a small amount of Lysol added to the bath. After removal of the crusts with warm water and soap or oil, the application of an ointment of am-

moniated mercury x to xx grs. to the ounce of lanoline will generally suffice. Zinc ointment, oil of cade, 25 to 50 per cent. in olive oil, is also useful.

Herpes Simplex.—Is characterized by the appearance of one or more groups of vesicles on normal or slightly inflamed skin, filled with a clear serum and undergoing retrogressive changes, occurring most frequently about the face and genitals.

Treatment.—Locally, alcohol with thymol, menthol or spirits of camphor. Bland ointments will hasten the removal of scabs. Occurring about the genitals, cleanliness is most important, followed by the application of boric acid with 5 to 10 grs. zinc sulph. to the ounce. Zinc oxide with 5 per cent. calomel, or a lotion of saturated solution of boric acid may be employed.

Herpes Zoster.—Is characterized by an outbreak of vesicles arranged in groups on an inflamed base and following the distribution of a nerve or nerve plexuses and generally accompanied by more or less neuralgic pains. The disease is almost always unilateral.

Treatment.—Salicylates internally. Alcohol on gauze with one to two grains of menthol to the ounce applied twice a day and retained by adhesive plasters, and later zinc oxide or some other mild ointment.

Leucoderma or Vitiligo.—A disease involving the pigment of the skin. Characterized by the development of one or more oval or round circumscribed, smooth, milky-white patches (where the pigment is entirely lost), tending to increase in size, and around the margins of which a marked increase of pigmentation is recognizable. There are no subjective symptoms or disturbances of sensation. Etiology unknown, and treatment is of no avail.

Tinea Versicolor.—Commonly and improperly called liver spots. A vegetable parasitic disease very slightly contagious. Characterized by variously sized and shaped furfuracious, macular, yellowish or brownish colored patches. Occurring most frequently on the upper portion of the trunk. There are no subjective symptoms or disturbance of sensation, and the growth is usually slow, months elapsing before the eruption is of conspicuous extent. The diagnosis can be made positive by placing some of the scrapings of the fungus in a little liquor potassium on a glass slide; allow to soak a few minutes and examine with 500 diameter power microscope.

Treatment.—Scrub well with green soap, after wiping dry, apply twice a day, sodium hyposulphite half dram to two drams to the ounce of water, rubbing in freely. It is

well to bake or boil thoroughly the underclothing during the treatment. After the cure is apparently effected the lotion should be applied once or twice a week for several weeks.

References: Gilchrist, Jacobi, Fox and Stelwagon.

Chronic Gonorrhea

By J. Burton Rutherford, M. D.

(Read before the New Castle County Medical Society, December 19, 1911.)

My paper is on such an interesting topic and it covers such a broad scope, that to take it up in its entirety, discussing each point and complication as I would like to, would of necessity take time, more time, than you could give me. I have, as you know, been doing special work along that line using the various products of silver, albuminates, etc. Also largely and in a great many cases using the serums. When gonorrhea has continued from its inception for a term of six weeks it may be called chronic; though it is impossible to draw an exact line of distinction as to the time when a urethritis ceases to be acute and enters the chronic stage. In some few cases gonorrhea will become chronic and still only the anterior urethra be involved, but in a very great majority of chronic cases, the disease has reached the deep or posterior urethra and in a small number of cases the anterior inflammation has ceased to exist and only the posterior parts are involved. While infection by the gonococcus of Neisser is many times a condition devoid of great danger, a careful consideration of the pathology not infrequently consequent to such infection gives evidence of the need of careful and thorough therapeutic measures to insure in every case as early and as complete recovery as can be accomplished. Urethritis, especially when of specific nature, is not as much of a snap as some would make us think. It is not as easily cured as some people would have us believe. It is not as easily cured as a bad cold, as we sometimes hear it remarked, but its marks will frequently follow the victim to the grave. The male victim may have as sequelae, prostatitis, gleet, stricture, cystitis, orchitis, epididymitis and an inflammation which may extend to the kidney itself. The female may have cystitis, vaginitis, metritis, salpingitis, and even death may occur.

The differentiation of anterior, posterior, and anterio-posterior infections is essential in order that remedial measures may be applied to all parts involved. The two glass test is applicable where the secretion is free and the volume of urine expelled is sufficient to thoroughly wash all secretions from the urethral surface (anterior or posterior) into the first glass so that the contents of the second glass will show the bladder urine uncontaminated by any secretion washed from the urethra during its passage. In posterior urethritis with free secretion the bladder urine is clouded from admittance of the pus formed in the posterior urethra which escapes therefrom in the direction of least resistance. Chronic posterior urethritis with little secretion does not cloud the bladder urine, but the secretion is washed out by the first flow of urine into the first glass of the urine test. Thorough cleansing by irrigation of the anterior urethra before the urine is passed aids in determining the presence of posterior involvement. The disease begins in the anterior portion of the urethra, therefore it is always inclined to extend back toward deeper structures, but in a slow degree for the frequent expelling of the urine is constantly washing out the gonococci before they have time to become imbedded in the mucous tissue of the urethra and thus prevent the spreading of the disease to the inflamed surface; but despite all the washing out by the urine some gonococci gain a foothold and begin to multiply and step by step the invading army of germs advances on the sound mucous membrane, infecting it until the deep or prostatic urethra is reached and the entire urethra from the meatus to the bladder is infected, sometimes only superficially and in patches whilst parts of the membrane may be free from the gonococci, and other parts be infected by the germ of the disease working its way down into the deep or submucous tissue where only time and careful treatment can dislodge them. In those cases the infiltration tissue begins to form and to produce scar tissue that gradually diminishes the caliber of the urethra and produces a stricture which, if not properly treated, will go on gradually diminishing the size of the outlet until all the phenomena of organic stricture are produced, and the inflamed mucous membrane behind it is rendered more stubborn to cure and the gonococci are more inclined to enter Cowper's glands, the seminal vesicles and the deep submucous tissue where their dislodgment is hard to effect. Gonorrhea should never be allowed to continue on and on. Every day adds to the difficulty of cure. It is behind the strictured parts where the gonococci accumulate in greatest numbers. In an old chronic gonorrhea the only part of the urethra that has not thrown

off the diseased condition is just behind and in the substance of the stricture. The diagnosis, as I said, is the two glass test, and how many physicians know anything about it? How many times is it not used by the general practitioner? I know of some who, having neither examined the urine nor the urethra, have taken the patient's diagnosis as the true one. Can a gonorrhoec be treated as such on submitting himself in the early stage without the physician first taking a smear and making a microscopic examination? How is it possible? The first of the urine is passed in one glass and flakes of the pus and generally one or more soft scabs are seen floating therein; whilst if the posterior and prostatic portions are not infected no pus flakes will be found in the urine passed in the second glass. There is often only the morning drop at the meatus upon arising or even the lips of the meatus may only be glued together when the urine has not been passed for several hours. If repeated examinations of shreds of mucus, pus and soft scabs fail to show gonococci —the case is cured. The principal complications of gonorrhea are cowperitis, prostatis, seminal vesiculitis and stricture, which if not properly treated may continue for years and gradually undermine the vitality of the entire genito-urinary apparatus. Can a chronic gonorrhea be cured? Yes, if the patient sticks to his physician, and cuts out fakes and fake medicines. It takes every bit of twelve weeks to cure him. Every bit, that is, if it is an uncomplicated chronic gonorrhea, and very many cases are not cured in that many months. The treatment is different in different cases. If we can locate the seat of the disease our treatment is simplified. All excesses should be cut out, irregular hours, etc. No fat meats or highly seasoned dishes; coitus and alcohol should be forbidden. In a few cases only the anterior urethra is involved, and ordinary injections with internal administration of the balsamics will cure the disease in a reasonable time. Where balsam copaiba does not interfere with the stomach, it assists in the cure. The bowels should be kept open. As an injection I use silver nitrate or potassium permanganate or albargin one-half grain to a grain to the ounce.

If the gonorrhea has involved the posterior urethra, the prostatic portion and the deep submucosa it is hard work to dislodge the gonococci. Combined instrumental and medicinal treatment is indicated. What we want to do is to bring the remedies in direct contact with the diseased portions and kill off the wandering gonococci that are keeping up the irritation. One of the chief advantages of the Janet irrigation is the distention of the urethra whereby all its folds are obliterated and a thorough lavage accomplished.

When intra-vesicle irrigation is to be begun, I use either potassium permanganate 1-4000 or 1-5000; silver nitrate, 1-7000 or 1-8000. For a year I have been using albargin, about twice the strength of the others. I use it in strength 1-1000. The urethra should be washed out daily, gradually increasing the strength (except the albargin solution), but not to a degree to cause pain. I also use the cold sound. I have been using Neisser's bacterin mixed. It is composed of a mixture of the bacteria which have been isolated from prostatic fluid or pus. The patients from whom the infectious material was obtained were suffering from chronic prostatitis due either directly or indirectly to gonococcus. As is well known, the gonococcus, while the primary infecting agent, prepares the tissues for the invasion of other bacteria. It is a good thing to use them as passive agents. Dr. Ernest Irons says: "Bacterial vaccines are powerful agents for good or harm and as such should be used intelligently where indicated as an adjunct to other recognized methods of treatment and in the interpretation of clinical results greater care than hitherto should be taken to avoid over enthusiastic and unwarranted conclusions." It has been noticed that in both the acute and chronic forms of gonorrhea there is a marked lessening of the danger of complications and in most cases there is a marked amelioration of subjective symptoms. The annoying factor of long standing gleet has been so satisfactorily overcome with the employment of the gonococcic bacterins that their use is invariably advocated when such a sequel is found to be the resultant from gonococcal infection.

When the disease has attacked the prostate, massage of the prostate through the rectum will often milk out the germs from the crypts where they have evaded the irrigating remedies. Great good can be obtained by instillation of various remedies with the Key's Ultzman syringe. Instillation should be given at first twice a week, then only once a week. The patient should be instructed to urinate before receiving an injection or passing an instrument, for the purpose of washing out the gonococci which have accumulated in the urethra and thereby preventing them from being pushed back into the deep parts of the urethra. As a suppository I use Anasol, which I can recommend highly in prostatic involvement.

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THE DOUBLE STANDARD OF HONESTY.—There is food for reflection in the everyday lives and activities of prominent men. On the one hand the ideal of honest dealings, of "love thy neighbor," of devotion to duty and other virtues; on the other fraud, deceit and criminal disregard of the welfare of others. On the one hand a religious, Christian life; on the other a life of corruption and piracy. And these opposites are combined in the same individuals. One would regard it as impossible that a man who is a devoted member of the church, a philanthropist, a kindly neighbor, an exemplary husband and father, a trustworthy friend,—that such a man could be also a liar and scoundrel who frequently waxes rich and influential on blood money obtained by fraud and cruel deception. Yet this is frequently the case. The patent medicine world furnishes us with numerous examples of this kind. The Law brothers, owners of the most cruel fake in fakedom—the viavi treatment—are among the most respected and influential citizens in San Francisco, members of the Y. M. C. A. and similar organizations, bankers and large real estate owners whose integrity in business is unquestioned. The Kilmers, father and son, owners of the vicious Swamp Root, possess the finest buildings in Binghamton, own the Binghamton *Press* with the largest circulation in the State, the Peoples Bank, a strong financial institution. The father has been police commissioner, while the son has had congressional aspirations. It would be wearisome to cite further instances of this kind.

In our own community we find men of integrity and business probity, men whom we all respect, connected with some of the most vicious frauds. It is sufficient to cite the Danforth Company, which stands sponsor for all sorts of patent medicine fakes. And the newspapers! We know personally the editors of our newspapers and we know them to be men of unquestioned honesty of purpose, and yet these same gentlemen are aiding and abetting the most vicious frauds by permitting the advertising space to be used by swindlers, particularly of the patent medicine variety. We will take for instance the Evening Journal, not because it is the only offender but because this publication is making such a grandstand display of its virtues. The other day we were treated to a vigorous editorial denouncing swindlers and cautioning Delawareans against the allurements of the gold brick gentry. With great eloquence the editor proclaims:

"It is time to call a halt. It might be said that the best way to do it is to put a few of the promoters and their agents in jail, either by Federal or State process. That has been done in many places, and yet the swindling goes on. There is a much better and more effective way. It is for Delaware men and women, no matter whether they have or have not been swindled by such promotion schemes, to make firm resolve that they will stand proof against the blandishments of the agents and the seductions of the literature of such schemers, and that they will invest their money in the securities of honest and substantial corporations or in real estate or mortgages on real estate. They should remember that the get-rich-quick germ is a bad thing to admit into the blood, and that the sooner they take steps to protect themselves against it, the better it will be for them.

"Nor should such Delaware men and women stop with deciding not to invest their money in wildcat schemes. They should ostracize any men in their communities who make their living by selling worthless stocks and who prey upon their friends and neighbors. They should adopt the creed that the man who, under the guise of friendship, seeks to unload worthless stocks upon them and to get his hand into their pockets, is worse than the pickpocket and the hold-up man, who at least have the manhood to face the penalties for the pursuit of their nefarious callings."

That is so. Now, turning to the advertising pages of the Evening Journal, we find a large display ad. of one of the worst swindles in fakedom—the Oxypathor. With an illustration of a young man in a hammock manacled to this gold brick and several smaller pictures of running and jumping athletes is this legend:

"Do you know that you can get the good of physical exercise while sleeping or resting? The main good of physical culture is to induce more oxygen into the system.

"This can be done comfortably and without the over expenditure of nervous energy which accompanies violent exercise of any kind. The Oxypathor enables you to take your exercise while you sleep. The principle and purpose of the Oxypathor is to saturate the blood with oxygen—pure, life-giving, strengthening, disease-destroying oxygen.

"What exercise does for the blood and circulation the Oxypathor does without exercise.

"The methods employed by the Oxypathor are identical to those used by Nature in the growth of plant life.

"The Oxypathor reanimates and invigorates the organism, causes youthful feelings in the old, lengthening their period of enjoyment of life."

Now, the Oxypathor is nothing more nor less than a piece of brass pipe with electric wires at each end. It generates no electricity nor does it give off oxygen, but it does bring into the coffers of these swindlers $25 to $35 per. The editor of a holier-than-thou newspaper who would aid and abet such a palpable swindle by means of publicity either has no brains or no conscience. For the information of the editor, should he chance to see this editorial, we will quote the findings of the Vermont State Board of Health laboratory:

"The hollow interior . . . . is filled with a black powder which analysis discloses to be a crude mixture of inert substances, apparently the waste or by-product of a manufacturing plant. The powder is a rough mixture of iron filings, clayey material, and a dark colored carbonaceous mass, ... apparently nothing more than coke dust or carbon black." On the strength of this analysis the Vermont State Board of Health declared the device a fake and prohibited its sale.

We will further call the Journal's attention to the fact that the promoters of this fake appeal not only to the neurotics and those suffering from incurable diseases, but are ready to sacrifice the lives of innocent children on the altar of Mammon. They promise to curse a child with diphtheria "with speed, simplicity and safety." These scoundrels have the audacity to say: "Done jeopardize the health and life of your children by allowing to be injected into their veins and blood the often fearfully contaminated and death-dealing serum of an animal, otherwise known as antitoxin." Surely, Herod was a saint!

Of course, the Journal in company with the other news-

papers of our city gives space to advertisements of various fake medicines, but here is the usual excuse that they are not in a position to discriminate between the good and the bad or know the differences between the drugs in a patent medicine and those in a doctor's prescription But is the Journal so dense that it cannot see through the following ad:

"Ladies—$1,000 reward, I positively guarantee my great successful 'Monthly' remedy; safely relieves some of the longest, most obstinate, abnormal cases in three to five days; no harm, pain or interference with work; mail $1.50. Double strength $2.00. Dr. C. X., Southington Remedy Co., Kansas City, Mo."

Of course, the stuff is inert or Dr. C. X. would be spending his time behind closed bars. It is a fraud, and he knows it, and the JOURNAL knows it, too!

Now we will ask: If some syndicate of fake investments were to pay handsomely for advertising space in the Journal, would the editorial, "Delawareans and Swindlers," have been written?

WHAT AN IDEAL HOSPITAL SHOULD POSSESS.—A properly managed hospital should have:

1. A continuous service in the various departments, each being under the charge of a chief with as many associates or assistants as he may desire. The three months' service is unsatisfactory because it divides responsibility, and prevents a continuation of observation and study. On the other hand a continuous service will not only center responsibility but will develop at least one highly trained physician in charge of a given department. Thus, there should be a chief surgeon, who should not be in general practice, and who should do all of the free surgery of the hospital. His associates and assistants will, of course, be selected from among the doctors who show an inclination or aptitude for surgery. The chief of the medical department should be a man of considerable experience, diagnostic ability and an earnest student of medicine. The other departments should likewise be under the charge of specialists.

2. The hospital should have a paid pathologist and laboratory worker who might also be the anesthetist and Roentgenologist. The time is here when an expert anesthetist and X-ray man are as essential to a hospital as the surgeon, and the three functions may be well combined so as to be able to employ a physician who would devote his entire time to the hospital.

3. The private rooms should be available to every member of the County Medical Society in good standing; but no

outsider should be permitted to perform surgical operations without special permission from the surgeon-in-chief. This latter clause is necessary to eliminate bungling amateur surgery.

4. The drug room should be under the charge of a pharmacist. We know that it will be a long time before our hospitals will have all these things, but we are sure that the time will come, and we shall then possess institutions of which the entire medical profession of the State will feel proud.

Another Fake Has Come to Town.—Medical fraud is like a multiheaded monster: no sooner is one head chopped off than another takes its place. The ill-fated diploma mill—the Carnegie University—has gone out of existence, and a new fake college has obtained a charter from our Secretary of State. This institution is styled "The Central College of Chiropractice, Incorporated," Wilmington, Del., capital stock, $5,000. The objects as contained in the charter are to teach and instruct and give lessons in teaching in the following described topics: Spondylotherapy, Chiropractice, Neuropathy, Optometry. The objects are defined as follows:

Spondylotherapy, is or may be defined to be a method of manipulation to remove the pressure from the vital fluids of the body and free the general circulation.

Chiropractice, is a method of adjusting interference with nerves coming from the spine that supply the various organs and parts of the body.

Neuropathy, is a method of uniting the positive and negative forces in the body and neutralizing these forces to cause harmony and a healthy action to be restored in all cases called disease.

The incorporators of the college are Wilmington men, the original incorporators not being named.

And our brave little State is made the breeding place for such scorpions!

How long will it be said of us that we are a "branch of the profession notorious for its lack of the elements which go far towards making the practice of medicine worth while?"

Dr. Hill, the well known Baltimore neurologist, tabooes the drinking of large quantities of water. We have always thought him sensible.

It is announced that auto speeding induces impotence. Now somebody look out!

Dr. Washburn, in his great eagerness to prove his case, makes the claim that the great benefits from homeopathic similes are to be observed in the treatment of tuberculosis at the Massachusetts State Sanatorium. We wonder if the homeopathic eggs are fresher, the milk more nourishing and the air more invigorating? Why not go the whole length of it and attribute all rainy and disagreeable days to the "old school" and all sunshine and brightness to the beneficent influence of Hahnemann.

My friend! It is harmony and not dissension that we want just now.

Dr. Wm. T. Sudler, of Bridgeville, Del., died on June 14. He was graduated from Jefferson Medical College in 1864.

Public Health

Health Legislation.—Health departments generally originate, says W. A. Evans, Chicago (*Journal A. M. A.*, February 10), in times of emergency, and the ordinances and laws are, as a rule, unskilfully drawn. Hence the need of careful study of the matter by skilled constitutional lawyers to make them meet the legal requirements as well as the public need. The question of individual liberty as related to the public good is involved. All health work is based on police power; to meet the unusual conditions the police power laws must conform to certain legal standards. First, the condition which is sought to be met must be important. Second, the remedy proposed must be reasonably adequate to meet the demands and provision must be made for advancing standards in health legislation. Health laws and ordinances must be reasonable, taking into account the previously mentioned conditions and the individual rights, which must be necessarily overswept at times, must be guarded by giving due notice of what is necessary to be done. The wishes of the general public must rule and the mass be protected regardless of the ordinary machinery devised to fit the usual conditions. Public sentiment must be regarded

and hence the necessary wide range of police power health laws. Evans points out the distinctly recognized powers of the national government, State governments and municipal organizations, the latter being delegated through the State Legislature enumerating the principal powers thus delegated. All rules and regulations are subject to judicial review. The only logical organization of any police power board is on a semi-legislative basis, and such boards should consist of an executive or administrative officer and legislative members. Such should be provided for in the State Constitution. The tendency of the law of precedence at present is to make more prominent the rights of the individual and his property as against the rights of the community in general, and it is only through the growth of public intelligence and in spite of prevailing judicial decisions that the protection of the public against ill health can be obtained. Responsibility for the decisions that hamper this growth must be divided, Evans says, between lack of community view by the judges and lack of knowledge of legal requirements by health officials.

Medical Examining Boards.—B. K. Hays, Oxford, N. C. (*Journal A. M. A.*, January 13), gives a history of the State Board of Examiners of North Carolina and describes the conditions under which they have to work and the difficulties encountered in meeting their responsibility to the public. The necessity of a high standard has to be considered first and is a problem that has to be faced by every State Board of Examiners. He points out some of the defects of the North Carolina law under which they act, especially the lack of requirement of preliminary education qualifications, on account of which some States have refused reciprocity with North Carolina. Attempts to remedy the defect have been repeatedly defeated in the Legislature under the mistaken idea that it is a kindness to the poor young man to allow him to enter a profession for which he is not qualified. Hays describes the practical methods which are in use by the North Carolina board to supplement the written examination, including the use of the obstetric manikin, physical examinations, identification of surgical implements, the use of drugs, of the microscope and some practical chemical tests. Reciprocity has been one of the most serious problems and to meet it they grant it on the merit of the individual, granting conditional reciprocity to a few States but reserving the right to reject any applicant if thought best. The board will not register any physician through reciprocity until he has appeared before the board in person

and shown himself to be a man of intelligence and to have the outward appearance of a gentleman. If addicted to alcohol, morphin or other intoxicants he cannot procure license, and certificates of character and of good citizenship are required. The secretary also makes inquiry concerning applicant and secures absolute proof regarding his qualifications. Those who have been for a number of years in reputable medical practice in other States and whose educational attainments are satisfactory may obtain, as a rule, reciprocal license in North Carolina.

Sanitary Paint.—That more attention should be paid to the decoration and internal finishes of hospitals is the opinion of H. A. Gardner, Washington, D. C. (*Journal A. M. A.*, February 3). People confined for any considerable time in hospitals in which the walls are covered with coatings that are at all insanitary may suffer consequences that are even more than simply disagreeable. The air may carry in suspension minute particles of matter that may have serious effects on delicate tissues, as has been shown by wall-paper poisoning, etc. Hospital walls should never be papered and the finish selected should be suitable. Cold water paints are insanitary as well as non-durable. They cannot be washed down. Some paste-paints, recently introduced, containing a rosin binder mixed with glue, dextrin and other water soluble materials are even more objectionable than ordinary calcimine. The older method of washing the oil from white lead with turpentine and applying it as a flat paint should no longer be practiced, as it is liable to produce a toxic lead dust. In order that a paint may be suitable for hospital walls it should, on drying, leave a hard, elastic, impervious surface which can be washed with water or antiseptic solutions or subjected to the fumes of formaldehyd and sulphur dioxid. The pigments must be permanent and unaffected by the caustic lime that may exist in cement or plastered walls. In public and private wards, where the patients' eyes must find restful surroundings, the modern sanitary flat wall finishes are preferable on account of the non-reflective surfaces they present. For operating rooms and the general trim of a hospital, satin or gloss finish enamels are best. They are sanitary and very durable. The painter should allow each coat to dry firm and hard before the next one is applied. With the introduction of cement for hospital floors a new problem arises. The surface wearing of these floors and the consequent dusting calls for properly designed cement coatings. These should be made largely of hard, abrasion-resisting pigments ground in an oil that will not saponify when in

contact with the alkali-bearing cement and still be of such a nature as to produce a hard, glossy surface that can be flushed with water or dilute antiseptic solutions at any time.

The recent maneuvers of the army of the United States on the Texas frontier afforded a remarkable illustration of the progress made in the application of preventive medicine in the army since the Spanish-American War. In 1898 the Seventh Army Corps with a mean strength of a little less than 11,000 encamped at Jacksonville, Fla., for a period of about four months. In every particular as to camp site, water supply and strength, the conditions at Jacksonville were practically parallel with those of the maneuver division at San Antonio. Both encampments were in practically the same altitude. The length of the service at each encampment was practically the same, yet, in the case of the Seventh Army Corps at Jacksonville, 1,729 men contracted typhoid fever, with an additional 864 probable cases. In the case of the maneuver division at San Antonio with a mean strength of nearly 13,000 troops only one case of typhoid fever was discovered, and this case was that of a private of the hospital corps who had not completed his immunization treatment. There was another case of a civilian teamster who had not been immunized.

Dr. Harvey M. Wiley says that a simple application of the laws of nutrition to the preparation of the American menu would result in a saving of ten per cent. of the present cost of food supplies in the United States. He also declares that this would serve to create a fund sufficient for the provision of an abundant old age pension fund in the United States. It is now generally believed that a diet rich in protein serves to produce auto-intoxication, a condition of the body which renders it liable to the contraction of many of the diseases to which human flesh is heir.

Medical Progress

THE CHOICE OF THE ANESTHETIC.—The various methods of producing general anesthesia and their advantages and disadvantages are reviewed by A. D. Bevan, Chicago (*Journal A. M. A.*, December 2), who, while admitting that nitrous oxid is the safest for short anesthesia, discourages

the idea of making nitrous oxid and oxygen the standard anesthetic in a surgical clinic. It is not free from disadvantages in itself and the apparatuses now being introduced by manufacturers are expensive and undesirable. Local anesthesia has a considerable field of usefulness, but he credits very little to spinal anesthesia, which is dangerous and should be used only to a very limited extent. Use of drugs before anesthesia is also advised against in general. His conclusions are given as follows: "1. The anesthesia must be placed in trained professional hands. 2. The methods of giving the anesthetic and the apparatus employed should be as simple and uncomplicated as possible. 3. The anesthetic mixture and sequences, like the old shotgun prescriptions of the past, should be avoided and the patient's life not jeopardized by the administration of two or more powerful poisonous agents at the same time, one of which might intensify the action of the other or mask the ordinary danger signals. 4. For routine work, ether, by the open or drop method, is the safest and most satisfactory anesthetic and, in the usual run of cases in a hospital service, the anesthetic of choice, in from 75 to 80 per cent. of the cases. 5. Chloroform must be discarded as a routine anesthetic. It produces too many immediate and late deaths to warrant its general employment. It is only in the exceptional case, as possibly in a laryngectomy in which one might feel that the direct introduction of chloroform vapor into the trachea might produce sufficiently less irritation to the tracheal mucosa with less risk of pneumonia than ether, that we should be warranted in employing it. 6. Nitrous oxid is the anesthetic of choice for short operations, manipulations and examination. It is also the anesthetic of choice in operations on patients with seriously impaired kidneys and often on patients in extremely bad condition, as typhoid perforations, general peritonitis, etc. It should not be employed in patients with bad hearts. It is not so satisfactory an anesthetic as ether and should not be employed in preference to ether in patients who are good surgical risks. 7. Local anesthesia with cocain and similar agents has a limited field of usefulness. The amount of cocain employed by infiltration should always be short of a toxic dose, from 1-10 to 1-4 of a grain. It should be employed in normal salt solution with small amounts of epinephrin. Where the amount does not exceed 1-10 of a grain it may safely be preceded by a small dose of morphin and scopolamin (hyoscin). 8. Spinal cord anesthesia has today no place in surgery. 9. The use of morphin and scopolamin before a general anesthetic brings with it dangers which are not compensated for by any advantages, and the

method should be abandoned or limited to specially selected cases. Finally, I believe that the time has come when we must, here in America, make a place for the trained professional anesthetist on our surgical team." Bevan thinks that women make the best anesthetists, just as they make the most reliable and conscientious operating-room nurses.

Blood Pressure in Pneumonia.—A. Lambert, New York (*Journal A. M. A.*, December 2), gives the result of studies of forty-eight cases of pneumonia in Bellevue Hospital, New York, with special reference to the blood pressure in pneumonia. They include mild and moderately severe, as well as the fatal cases, alcoholics and abstainers, and the ages range from thirteen to seventy-eight years. Of the eleven fatal cases, ten were users of alcohol, one being a total abstainer. The results are given in detail. He says that while the results appear discordant the impressions made at the bedside from watching the patient were not so much so as would appear. In the patients who were non-alcoholic, even among those of advanced age, Gibson's rule that when the pulse-rate per minute is higher than the pressure of the millimeters of mercury, the equilibrium of the circulation is seriously disturbed and the prognosis less favorable, seems to hold particularly true. After convalescence has set in the pulse-rate, however low the blood pressure may be, usually remains well below the millimeters of mercury in number. Patients who have arterio-sclerosis and those who have chronic nephritis are not apt to show Gibson's rule but the danger of cardiac failure is none the less great. He has often been struck at the autopsies of patients dying from pneumonia, with the frequency in such cases of the brown friable heart muscle which seems to be summed up pathologically with brown atrophy. The great proportion of degenerated heart muscles in alcoholics has as much influence, he says, in the increased fatality of pneumonia as vasomotor paralysis. The blood pressure instruments are today of such convenience that they make it possible to ascertain whether we are to watch out for vasomotor collapse or to reduce the tensions of the pulse to the amount against which an overstrained heart can best work. A knowledge of the blood pressure in pneumonia will thus often be of assistance in judging of prognosis and of treatment. These are two vital points to the patient.

Hypertension.—L. G. Visscher, Los Angeles (*Journal A. M. A.*, December 2), says that reduction should not always be our aim in the treatment of hypertension. In all

pathologic hypertension there is a limit below which reduction is impossible though it is still above normal. Further reduction would aggravate the condition by disturbing the cardiovascular equilibrium. Luckily we do not have at our command powerful remedies the application of which would bring about so much discomfort as to indicate to the patient that he is having too much of a good thing. For actual treatment, he says, only people past 40 ask our council. It is our duty to warn the young against the irregular habits of diet and living which can bring about the condition. Chronic hypertension is more prevalent in the cities than in the country and decidedly more frequent in the middle and well-to-do classes. It is especially the result of continuous brain work without let up, together with overstimulation by coffee, nicotine, alcohol and other indulgences. Among the toxins causing hypertension the purin bodies stand high. It is necessary to alter the diet list, to reduce the acidosis and provide alkalies freely in various ways. Hand in hand with manometric examination should go the determination of urea, indican and the acid-teter of urine, in order to determine the proteid tolerance. He thinks it better to give non-alkaline laxatives when indican is abundant. It is necessary that the intra-abdominal pressure should be slightly positive, but when in excess the diaphragm is pushed upward, the venous inflow from the extremities is obstructed and a rise of blood pressure in the splanchnic arteries is caused by the compression if the heart is strong. There is slight dyspnea, moderate hypertension, aching limbs, torpid liver and catarrhal gastritis. When the heart has lost its tone the peripheral pressure will not rise on account of reduced systolic ventricular pressure. The opposite effects on blood pressure dependent on the condition of the heart are often seen and the same agent may be a pressor or depressor in the same individual according to its quantity and duration. The causes of high intra-abdominal pressure above stated give the indications for its treatment. The caloric value of the food must be kept up in the regulated diet, which should be adapted to the conditions of the individual stomach with special cautions according to the case. If patients are lean we may have to overfeed them and we may do harm in too active measures for the reduction of obesity. A reasonable amount of exercise, with warm bathing followed by cold sponging, are among the measures recommended, but minute individual observation will be required to correctly regulate dietetics. The liver regulation is extremely important and Visscher says if he had only one drug to use in these conditions he would choose calomel. While mental activity will increase

the tension, he says, from all considerations combined it seems that hypertension has to be met and treated more during the hours a patient is away from work than when he is at it. People with hypertension do better to eat lighter evening meals with ease thereafter for a few hours and take a moderate amount of physical exercise, a warm bath, perhaps a warm enema and sleep in a warm bed with the windows wide open. As regards drugs, he advises caution in the use of the iodids in cases which show thyroid enlargement, but they do relieve symptoms and are all sufficient in syphilitic arterial disease. Theobromin is recommended as of decided benefit. He has found it valuable in angina and anginal states. Though nitrites relieve anginal suffering, it is not always by general lowering of blood pressure, which may be increased peripherally. Their excessive dilatation of the cerebral vessels limits their use in hyperpietic nosebleeds. Their combination with cardiac tonics is sometimes advisable. Other drugs mentioned and their special indications are chloral, digitalis, occasional use of the bromids and, as the desposition of calcium salts adds to the rigidity of the arteries, it has been deemed well to reduce the lime intake.

Abuse of Salt Solutions.—G. H. Evans, San Francisco (*Journal A. M. A.*, December 30), says that the apparent harmlessness of sodium chlorid has led to its misuse, the capacity of the kidneys to eliminate it being altogether too much overestimated. He refers to a fatal case reported by Brooks where a careless nurse used a stock solution nearly saturated, the patient receiving almost nine ounces of the salts and dying from acute sodium chlorid poisoning. Another case, personally reported to him by a physician, in which very serious symptoms were produced, is also reported. The toxicity of sodium chlorid in large quantities has been abundantly demonstrated and the prevalent use of this remedy in cases of toxemia due to acute infections accompanied by marked diminution or absence of chlorid excretion deserves condemnation. The harm resulting from large amounts of water introduced is probably even greater than that produced from the effects of chlorid retention. The value of restriction of fluids in heart and kidney lesions, especially those with hypertension, has been almost universally recognized. Of course this does not apply to colonic flushing where the water is almost immediately expelled, but he urges a more restricted and discriminating use, and assurance that circulatory or renal conditions do not contraindicate it.

The horrors of modern warfare may be appreciated when it is pointed out that gunnery at the present time is twelve hundred times more effective than it was during the Spanish-American War; that a battle between two dreadnoughts could not possibly last more than five minutes until the ammunition carried was exhausted; that a battle between the two largest fleets afloat could not last more than twenty minutes; that gun range is fourteen miles and a moving target could be struck at from nine to ten miles; that the battery of a single ship throws from ten to twelve tons of metal per minute; that each gun hurls a 1,400-pound projectile at 2,900 foot seconds.

S. S. Cohen employed very successfully quinin and urea hydrochlorid, hypodermically, in the treatment of lobar pneumonia. The initial dose (regulated somewhat by the height of the temperature) is 1 gram to 1.6 grams (15 to 25 grains). This is followed in three or four hours by a second injection, and perhaps by a third and even fourth injection, at some time within the first twenty-four hours, according to results. The same plan is pursued on the second day of treatment and on the third day, if necessary. Uusally from 6 to 10 grams are given in from forty-eight to sixty hours. After that smaller doses (5 to 10 grains—0.3 to 0.6 gram daily) are sometimes continued by the mouth.

Cinchonism does not develop. Temperature and pulse-rate fall gradually and proportionately, and respiration more rapidly, with a tendency to restoration of the normal pulse-respiration ratio. Blood pressure may at first decline with temperature and pulse frequency, but soon returns to the former or a higher level; often it remains stationary or increases. The complete clinical picture, so far as regards the rational symptoms, objective and subjective, is thus favorably changed. The patient professes comfort; the pulse is full and strong, of moderate frequency and good tension; respiration is astonishingly easy, even when the rate is not markedly altered; the cough is greatly diminished; and delirium, if present, is abated, or may even cease. Crisis does not occur.

In making the injection, the following precautions must be observed; otherwise there may be cellulitis, slough, or abscess. The syringe is filled with a 50 per cent. solution of the quinine and urea salt in sterilized water; and the needle is inserted deeply, through skin previously painted with tincture of iodine, into a muscle. The syringe is emptied thoroughly, so that solution does not drop upon the skin when the needle is withdrawn. The point of puncture is sealed

with iodoform-collodion. Thousands of injections have been made in this manner without ill result of any kind.

Motor News for Doctors

Under the Charge of Frank Alderman

The membership of the Physicians' Motor Club is steadily growing, the doctors having discovered that they save more than their membership fee on the first purchase. The paid-up membership to date is as follows:

J. W. Briggs, S. R. Ewing, S. Rumford, William H. Kraemer, A. Robin, H. Springer, W. Springer, R. E. Ellegood, J. P. Lukens, J. W. Bastian, E. Q. Bullock, J. J. Jones, J. P. Wales, J. H. Stubbs, J. A. Ellegood, F. L. Springer, H. Springer, G. W. K. Forrest.

Dr. Lukens' chauffeur, William Reason, aged 19, colored, of 316 East Sixth street, appropriated the physician's automobile and went on a "joy ride" with his brother, John Reason, aged 22. The latter was anxious to learn how to run a car. While he was learning he ran the machine into a deep ditch near Farnhurst, badly wrecking it.

Book Reviews

NEW AND NONOFFICIAL REMEDIES. Price, cloth, $0.50; paper, $0.25. Pp. 298. Chicago: American Medical Association, 1912.

This book contains descriptions and a statement of the actions and uses of all articles which have been examined and accepted by the Council on Pharmacy and Chemistry prior to January 1, 1912, for inclusion in the list of new and nonofficial remedies.

The book is unique. The work of the Council during its seven years of existence and the reports of the Propaganda

Department of *The Journal A. M. A.* have convinced the physician that in the prescribing of proprietary remedies he must be more careful in his selection of those which he directs for his patients. Nowhere else can the physician or the pharmacist turn for reliable, unbiased information concerning the new remedies. This book enables the physician to make such selection and the careful pharmacist to know the character of the remedies he dispenses. It should be in the hands of every one of them.

Ophthalmic Myology, by G. C. Savage, M. D.

(Professor of Ophthalmology (defects of the eye) in the Medical Department of Vanderbilt University, author of "New Truths in Ophthalmology" and "Opthalmic Neuro-Myology," ex-president of the Nashville Academy of Medicine, ex-president of the Tennessee State Medical Association, ex-president of the Southern Medical Association. A systematic treatise on the ocular muscles; eighty-four illustrative cuts and six plates. Second edition. Published by the author, 137 Eighth avenue, North Nashville, Tenn. 685 pp.)

In the second edition of this most interesting monograph the first chapter, which is devoted to the fundamental principles of ocular rotations, has been enlarged by the addition of ninety-one pages, and twenty-three new illustrative cuts have been added. In this he, as in the previous edition, takes issue with some of the teaching of Helmoltz.

The author presents a scholarly description of the natural and anomalous conditions of the motor apparatus of the eyes, and his original ideas are a prominent feature of the work. While many of the views of the author concerning the relationship between the eye-strain and systemic conditions are also held by the majority of ophthalmic surgeons, he, like Stevens, is imbued with the notion that anomalies of adjustment of the ocular muscles are not only a source of nervous trouble, but more frequently than other conditions constitute a neuropathic tendency. Although many of his conclusions are extremely practical it is doubtful if all his theories will be generally accepted. Inasmuch as we are not dealing with an inanimate machine built upon the principles of the eye-ball and moved upon a measurable impulse, the true interpretation of many of the ocular phenomena must still remain a matter of opinion.

The practical chapters have had numerous corrections and additions. The book is well indexed, and the type clear. The illustrations are good, and aid greatly in the proper un-

derstanding of the text. The work bears testimony to the author's originality, scholarly attainments, and conscientious research, and while worthy of careful study, much of it can be fully appreciated only by the more advanced ophthalmologists. J. A. E.

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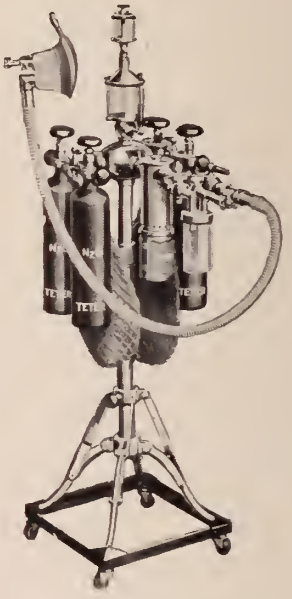

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31x4	20.85	6.10	35x4 1-2	33.10	8.35
32x3 1-2	16.20	4.80	36x4 1-2	35.25	8.55
34x3 1-2	18.40	5.10	37x4 1-2	37.30	8.80
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Delaware State Medical Journal

Indications and Contraindications for the Use of the Obstetric Forceps

By Dr. H. W. Briggs.

When asked by the secretary to prepare a short paper on this subject, I gladly consented and expressed to him that upon this particular subject I perhaps had somewhat radical views, which to say the least are at variance with those of many of my fellow-practitioners.

At the beginning, let me say that I believe the obstetric forceps to be one of the most valuable instruments ever placed in the hands of the medical profession and no obstetric outfit is complete without one or more pairs of them, but like all other instruments of value and usefulness, in the hands of the unskillful or unwise, it is capable of doing and often does much harm, causing many injuries to the delicate structures of the birth canal in the mother and by compression and faulty adjustment imperiling the future development and even life of the fetus. I believe in conservatism in the use of the obstetric forceps; in other words that they should not be used except for a distinct and definite obstetric reason, that it is never justifiable to apply the forceps for the sole purpose of gaining time or increasing the obstetric fee, and when found necessary should be performed with every aseptic and antiseptic precaution used in any other operation of obstetrics or gynaecology.

It may be of interest to note in passing that the obstetric forceps was probably one of the first instruments ever used by the medical profession. In the archeological archives of ancient Egypt crude patterns of this instrument have been found. It is probable, however, their use was limited to the extraction of dead children. The first authentic account of their use for the delivery of living children is about the year 1600, when Peter Chamberlain of London and his pupils were the exclusive users of the forceps, and it was not until 1723 that Palfyn invented the single curve forceps and it became the common property of the profession. It remained for Levert in about 1747 to give to the profes-

sion the first practical instrument by adding the pelvic curve, shank and lock. This instrument remained the same in principle for more than a century, and it was not until 1877 that Tarnier introduced his axis-traction forceps, for high forceps delivery. Within the past decade an improvement on the Tarnier instrument has been placed upon the market by Dewees, in which the cumbersome traction bars have been done away with, thus making an instrument lighter and more adjustable.

The question, "When is forceps indicated?" is answered broadly as fellows: Whenever the life of the mother or child is in danger and a quick termination of labor will tend to remove that danger.

Aside from the special indications, which we will consider later, the chief sources of danger are exhaustion on the part of the mother and asphyxia of the fetus. Broadly speaking, this indicates that the conditions of labor which require forceps are largely mechanical in character and therefore whatever causes obstruction and delay and thus imperils the mother, also endangers the fetus by compression of the cord, placenta or head. Any anomaly of labor which produces a prolonged dystocia, whether it be maternal or fetal, is an indication for the use of forceps, provided there are no contraindications. Under this classification would come:

First. Anomalies of the expulsive forces. Simple inertia without obstruction, if prolonged, may require forceps. To this class also would belong protracted labors with or without evidence of obstruction, but in many of these cases there is really some obstruction which cannot be determined, as the winding of the umbilical cord about the neck.

Second. Those conditions causing dystocia by resistance. Rigidity of the lower birth canal and a contracted pelvis are the principal ones under this head. If the muscular contractions of the uterus are not sufficient to overcome this the forceps may be used.

Third. Fetal dystocia, generally caused by mal-presentations.

Fourth. Miscellaneous. In this class belong all the severe complications which would require an immediate termination of labor, as excessive hemorrhage, from any source, rupture of the uterus, eclampsia, etc.

In my opinion the ability to properly recognize the contraindications for the use of the obstetric forceps is of even greater importance than recognition of the positive indications. A favorite question in obstetrics during the past few years in the State Board examinations has been somewhat

as follows: "Name the conditions absolutely essential to safety in the application of the obstetric forceps."

First. The cervix must be completely dilated,—and this is important. Frequently on account of an extreme retroflexion, the os is so far posterior that it is almost impossible to reach it with the examining finger, the thinned out anterior wall of the cervix and uterus, forced well down in the vagina have every appearance of the fetal head without the body of the uterus. Any attempt of application of the forceps in this condition would necessarily result in great injury to the mother. If the os is but partly open extensive lacerations must result from both the introduction of the forceps as well as the forcing downward of the fetal head. Where there is urgent indication for the quick termination of labor, dilation may be completed with the fingers as a preliminary to the use of forceps.

Second. The membranes must be ruptured. Application of the forceps to the head before rupture of the membranes would in all probability result in the extraction of the entire ovum with detachment of the placenta. Except in dry labors it is not difficult to outline the protruding membrane, and in cases of delayed rupture this can be accomplished by incision or puncture.

Third. There must have been an engagement of the head at the superior strait and its greatest circumference must have passed the inlet, causing fixation within the pelvis. Failure of the head to engage is a distinct contraindication, and where by external manipulation this cannot be accomplished, version or some other method must be resorted to.

Fourth. The forceps should not be applied where the conjugate diameter of the pelvis, a point from the center of the promontory of the sacrum to the tip of the coccyz, measures less than three inches. In other words there must be a due proportion between the head and the pelvis, making certain that there is sufficient room for the passage of a normal head through the bony structure; the same would apply to a hydrocephalic head even with a normal pelvis.

Fifth. As a rule the fetus should be living, although this fact in many cases it will be difficult to determine, but where it is positive that the fetus is dead, perforation could be more safely done.

Now, let us consider what per cent of obstetric cases taken as they run will require the use of forceps. I believe the record of lying-in hospitals would probably be the best guide; here the patients are under the closest observation, where indications and contraindications should be most carefully considered. In the Paris Maternity Hospital over

a period of three years, out of 4,380 deliveries, forceps were applied 236 times, about 6 per cent. During one year at the Glasgow Maternity there were 187 forcep deliveries in 2,179 confinements, about 8½ per cent. During one year at the Brussels Maternity there were only six forcep deliveries in 458 confinements, about 1.3 per cent. In two New York hospitals, where an accurate record was kept, out of 2,200 cases, 208 were forcep deliveries, about 9½ per cent. My opinion is that in private practice these percentages would be considerably increased, owing to surroundings more unfavorable than those found in well equipped maternity hospitals. In looking over my own record for the past two years I find the following: During the year 1910 out of 32 deliveries, forceps were applied five times, making a percentage of 15 and a fraction. During 1911 in 28 confinements, there were three forceps deliveries, making a trifle over 10 per cent. These do not include consultation cases. So far during 1912 out of seven deliveries forceps have been used once.

My own plan of procedure is in general as follows: The first stage of labor as a rule takes care of itself; if, however, the os is tense and rigid, dilation may be assisted with the forefinger of the examining hand. During the second stage if the descent of the presenting part through the birth canal seems to be delayed, the physicial conditions are noted by vaginal examination and moderate pressure made over the fundus of the uterus during the contractions. If at any time during this stage, despite the continued labor pains and assistance given, progress is delayed for one hour, I proceed to make ready for the application of forceps, provided there are no contraindications for same. This will perhaps require 15 or 20 minutes, after which if a final examination shows no farther progress, the forceps are applied.

The Practice of Obstetrics Among the Poor Foreigners

By Dr. H. R. Spruance.

I was asked by the secretary to read a paper on obstetric difficulties among poor foreigners.

Located in the eastern side of the city for a number of years, I have attended many obstetrical cases among the foreign population.

I cannot recall now that there were any more abnormal

presentations, deformed pelves or other difficulties in these poor foreigners than in other women.

One of the difficulties in this class of work is that you are unable to speak their language and by the time your directions are translated their meaning has been somewhat changed. So that when you order cold water you get it boiling and when you order warm water you get it cold.

Another difficulty in this obstetric work is that you are never or rarely ever engaged for a case. Frequently we see cases that could have been helped had we had the opportunity to give the patient some medical treatment beforehand, examined the urine and given directions in hygiene.

Did I say hygiene? As a rule these poor foreigners have the worst hygienic environments. They are crowded together—several families in one house. The plumbing is old and out of order, floors are bare, and while often clean, yet many times they are strewn with dirt; cats, dogs and even chickens inhabit the same room with the family, many times. One has to wash his hands in a dish pan and sterilize his instruments in a pan where fish has lately been boiled.

Frequently both the bureau and mantlepiece in the lying-in room are as well stocked as the sideboard of a modern political club and the next day, on your return, you may see several friends the worse for wear; perhaps the patient.

These people are deeply grateful to you for any kindness you may show them, and I now recall vividly my first patient, how she grasped my hand and kissed it after I had delivered her. I still remember that first confinement case—visions of retained placenta, inverted uterus, post-partum hemorrhage, etc., were before my eyes when I made the call.

Again these poor foreigners, who don't understand the language, who don't go to Dockstader's, who don't go to moving pictures, do have ready for the doctor the money to pay him for his work.

The Present Status of Obstetrical Education in America

By Barton Cooke Hirst, M. D.

There is a remarkable awakening at present on the part of State examining boards and of the trustees of our best medical schools to the discreditable teaching facilities in obstetrics too prevalent in this country; to the fact that a

greater responsibility is assumed in this department of medicine than in any other by the young physician, and that his career is influenced most of all by the success or failure of his obstetrical practice. Two incidents recently brought to the writer's notice illustrate these statements. A young physician lost thirteen mothers in childbirth in a town of eighteen hundred people. He was obliged to leave. In the last three months the writer has seen six cases of perforation of the uterus by the insertion of instruments, with four deaths. Tragedies like these all over the country and the example of the older civilized countries of the world have at last aroused State and school authorities to a sense of their duty. A number of States now make an explicit demand of an applicant for a license to practice medicine that he shall have attended five or six women in confinement; Pennsylvania, Ohio, Iowa, and Missouri are among the number. Others like New Jersey, Alabama, and Rhode Island, by stating that they adopt the standard of the Council on Medical Education of the American Medical Association, indirectly require attendance on five cases, for that is the minimum number to be furnished by a reputable medical school according to the standard of that body. Moreover, it is required that a certain number of hours varying from 160 to 195, shall have been devoted to the theoretical and practical study of this subject in the curriculum of an acceptable medical school. But far too many States launch into practice a young physician with the seal of the State's approval on him, although the examining board has no better guarantee of his fitness to assume the grave responsibilities of obstetrical practice than his ability to answer ten questions on paper. Heaven knows how many unfortunates fall victims to his lack of skill among the very members of the community who most require the protection of the State! Even the most progressive of our States require a practical training far below that of other countries. The Oxford and Cambridge man in England must have personally attended fifty cases of obstetrics and have spent a month as resident in a maternity hospital before he graduates. In all Germanic countries the student must have attended forty cases, have been a month in the hospital, and have attended clinical lectures and demonstrations two hours a day from one year to two and one-half years.

We have made a beginning, however, in our State board requirements which is encouraging, and the best of our medical schools are rapidly developing their facilities for obstetrical instruction. The College of Physicians and Surgeons in New York has a combined department for obstetrics and diseases of women that would be a credit to any medical

school in the world. The University of Pittsburgh is about to obtain under the Magee foundation, a hospital for teaching obstetrics and diseases of women that will not be surpassed in America. The University of Pennsylvania has in its obstetrical department, a hospital with more than 800 admissions of all kinds a year, an out patient department of twelve hundred cases a year, and three ambulatory dispensaries, aggregating something like two thousand cases a year, illustrating not only the complications of childbirth proper, but all its pathological consequences immediate and remote. Other schools might also be cited as satisfactory. Another encouraging feature of the present day is our emergence from the crude, provincial era of medical instruction in which obstetrics was taught as the art of a midwife, without consideration of the surgical treatment of its emergencies and consequences. Many of the best medical schools in America, such as Harvard, Columbia, Ann Arbor, Rush, and Washington, have dispensed with a separate department for teaching diseases of women, and the others will eventually do the same, following the example of the rest of the civilized world in incorporating that department with obstetrics. This plan avoids unnecessary duplication of teaching, advantageously correlates it, and insures in the head of the obstetrical department an expert of sufficient clinical experience and surgical ability to practice and teach his subject as it must be taught if our standards are to equal the best in the world.

On the whole, the outlook is encouraging. A movement has begun which is certain to gather force. With the conscientious and intelligent support of the State boards of the country, with a determination to develop their resources on the part of our medical schools, the time is not far distant when we can compare our teaching of this important branch of medicine with that of other countries without a feeling of shame and humiliation.

The cutting down of a nation's death rate means that its people live longer and that more years of usefulness are vouchsafed to them. It is probable that the past 50 years have seen the lives of one-third of the earth's population increased in length by at least 10 years. How much this means to the world no one can estimate with any degree of accuracy. It probably represents as much economically as the combined energies of the American people during the period of 60 years. It means that in North America and Europe there are some 4,000,000 fewer deaths a year than there were when modern sanitary science had its beginning.

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THE DEATH OF DR. JOHN P. WALES.—Another veteran has left the ranks of our profession and was laid to rest. He was a private in the ranks, and yet, for 60 years he held his post, for 60 years he stood guard over the sick in their struggle against death, for 60 years he comforted women in their throes of childbirth, assisting nature in the birth of future men and women of this community. Only a doctor can realize what 60 years of medical practice represents. At the lowest estimate of an average of 15 calls a day, the work of this veteran represented over 300,000 calls during his professional life. What a wonderful record of professional activity! The number of times when his ministration relieved pain and suffering, when his skillful treatment saved lives, when the blessings of his patients followed him from the sick room makes a record of service to his fellow men which only few are privileged to enjoy. Yet this was not all. Dr. John P. Wales served his country during the Civil War, as captain in the Seventeenth United States Infantry; served his city as mayor in 1882, and served his profession as active member of the various medical societies, and he served his friends who will forever remember the gentle, kindly face of this departed confrere.

Peace be to thy soul, thou good and faithful servant!

THE COUNTY MEDICAL SOCIETY OUTING.—The annual outing of the New Castle County Medical Society, which took place on the grounds of the Delaware State Hospital, June 21, proved an enjoyable affair, each member the better

for the relaxation and the getting-together. The side show was refreshingly exhilarating, while the baseball game played by the younger members of the profession showed the benefit to an organization of the transfusion of young blood. Last year the game was a joke; this year it rivaled a professional game. Following the sports, a very fine repast was enjoyed outdoors, and the outing closed amidst joviality born of that fraternal spirit which animates men despite their differences and disagreements. There was only one thing to mar the pleasure of the occasion, and that was the absence of a number of physicians who have apparently severed their relations with the Society. These men never attend our meetings, and have assumed a hostile attitude towards our organization. This is unfortunate, since our Society is too small to stand disruption and our common enemies too numerous to be successfully met by a weakened organization.

The opposition rests on the following supposed grievances:

1. The Delaware Hospital is run by a small group of physicians who have established a monopoly.

2. These same physicians also control the County Medical Society.

Therefore, opposition to the Delaware Hospital carries with it opposition to the County Society. Nothing could be further from the truth in any of these propositions.

Leaving aside the policy of the Delaware Hospital, we can truthfully assert that the County Society has absolutely nothing to do with the hospital management any more than it has to do with the management of the Physicians and Surgeons Hospital. It is true that when the County Society was asked to take up the fight for an open door at the Delaware Hospital, the proposition was voted down by a majority of the members who were against it on principle, and many of whom are on the staff of the Delaware Hospital, but there was nothing to prevent the Society from taking a different step if the majority had been in favor of such a move. Those who were anxious to secure favorable action by the County Society should have seen to it that they were in the majority.

The claim that the physicians who are on the staff of the Delaware Hospital are in control of the County Society is only true insofar as these men are faithful members of the Society, attend the meetings and have made the Society what it is. As a matter of fact the president of the Society is not on the staff of the Delaware Hospital, and at one time the vice-president was the leader of the opposition. To put a permanent quietus on the claims of the opposition we will make the following offer:

We will undertake to secure the election of the gentlemen of the opposition to all the offices of the society. The secretary of the society is perfectly willing to step out in favor of any man who desires to take his position. Furthermore, we are ready at any time to turn over the editorial management of the State Journal to any member of the Society who wants the job.

We devoted considerable space to this matter because it is of vital importance. We desire to place the mattter in its true light so that the younger members of the profession would see the flimsy structure of the opposition. We desire harmony and unity in the profession and we appeal to all the doctors of this county to come together for the common good.

What is the County Medical Society and Why Should We Join It?—Men in the same pursuit often feel the need to get together to discuss common problems, to exchange views and experiences, to gain inspiration. It is this necessity that brings business men and professional men together. What profession has more problems to meet every hour of the day than the medical profession? First the problems pertaining to medical practice in general. The constant changes in the science and art of practice, the learning and unlearning of supposed truths, the ever shifting field of practice, the transitions from old to new conception,—each gives rise to new problems which must be solved and can only be solved by free discussion and interchange of ideas and experiences. The young doctor brings his theory and the old doctor brings his mature experience,—and they swap, each profiting by the deal. The County Society, therefore, is the Doctors' Exchange, and a seat in this exchange should be as valuable as in the stock market, for a profitable deal often means financial success. And, by the way, this is the only kind of stock—the stock of knowledge—that the doctors should deal in, for every other kind usually spells r-u-i-n.

Business men often get together to protect their guild against unfair competition or other conditions inimical to their business interests. Medical practice is a business and requires the same kind of guardianship. The underpaid doctor, the "cheap" doctor, the lodge doctor, the commercial school, the school with a low standard of medical education, the quack, the faker, the patent medicine man, the quack druggist,—these are the enemies of the legitimate practitioner, and these enemies we can fight only by combining our forces. The County Society is the headquarters of our fighting army.

Intelligent, broad-minded men often get together to discuss and take action on matters pertaining to public welfare. They take up politics, industrial conditions and other social problems and by their discussion and co-operative action frequently mold public opinion and help to direct public policy. Is there any other profession that can boast of a larger number of public spirited men than the medical profession? Who looks after the health of the community? Who makes the town and the city habitable? Who saves the babies from untimely death? The doctor. Who transformed pest holes into summer resorts? Who made commerce between these same pest holes and the rest of the world possible? Who brought about the successful issue of the greatest engineering undertaking the world has ever witnessed? The doctor. With such great achievements to our credit, it is only proper that the doctors should get together to encourage this social service.

The County Medical Society should be a civic center.

Men of like tastes often get together for social intercourse. During their busy hours they have no time nor opportunity to meet in a social way. To fill this gap, clubs of various kinds are formed. The doctors, more than any other people, stand in need of social intercourse. The opportunities of meeting for a friendly chat are so few that unless satisfactory arrangements are made, they may go through life perfect strangers to each other. Such opportunities are provided by the County Medical Society.

The County Medical Society should be the social center.

To perfect the organization of the doctors in this country, the County Medical Society was made the unit. Therefore, no doctor can belong to the American Medical Association unless he is a member in good standing of his county society. As a matter of fact the American Medical Association has no independent existence. It is the association of county and State societies which control the policies of the Association through their delegates,—truly, a democratic arrangement. Every doctor, therefore, no matter how humble, may help to determine the policies of this great medical body by his influence in the County Society.

To sum up: Every doctor should become an active member of the County Society because:

1. It is the Doctor's Exchange.
2. It is the Doctor's Business Headquarters.
3. It is the Doctor's Civic Center.
4. It is the Doctor's Social Center.
5. It is the unit of the American Medical Association.

The meeting of the American Medical Association held

in Atlantic City was a success from every standpoint. The transactions of the House of Delegates were not marred by unseemly attacks on Simmons; the programs of the various sections were splendid; the exhibits instructive; and the social entertainments the finest ever. The largest gatherings were held at the Old Vienna, though the Islesworth and the Jackson entertained full houses. Considering the short distance from Wilmington and the rather dull times the Wilmington delegation was disgracefully small. Even our delegate to the House failed to make his appearance, and Delaware was not represented. This leads us to suggest that in the future it would be well to arrange so that a member of the State Society who is sure to be present at the meeting of the A. M. A. would act as an alternate to the regularly elected delegate.

There were certainly some gala times in Atlantic City during the convention. Being somewhat interested in water supplies, we asked several doctors what they thought of the Atlantic City water. They could not say, as they never tasted it.

At the meeting of the State secretaries and editors a number of States reported very successful operations of a medical defence department in connection with the State Society. It would be well for our State Society to take up medical defence of its members for the same or increased membership fee.

At the Atlantic City meeting a group of doctors listened to the strains of "Everybody Is Doing It," when one of them chimed in: "Everybody is douching it."—Many a truth is said in a jest!

At the present writing Governor Wilson was nominated for the Presidency. We may congratulate the country on the defeat of Champ Clark, a man who was so complacent and obliging as to permit his name to appear on the following testimonial:

"HOLDS UP A CONGRESSMAN.

" 'At the end of the last campaign,' writes Champ Clark, Missouri's brilliant Congressman, 'from overwork, nervous tension, loss of sleep and constant speaking I had about utterly collapsed. It seemed that all the organs in my body were out of order, but three bottles of Electric Bitters made me all right. It's the best all-round medicine ever sold over a druggist's counter.' Overworked, run down men and weak, sickly women gain splendid health and vitality from

Electric Bitters. Try them. Only 50c. Guaranteed by Handley, druggist."

The National Bureau of Health, the Pure Food Law and similar measures for the public welfare would not have a ghost of a show with the advocate of "electric bitters." We presume that Mr. Clark will need a full case of the "bitters" to set him right.

Our friend, Dr. Washburn, quotes the very convenient definition of a homeopath "as one who adds to his knowledge of medicine, a special knowledge of homeopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

Years ago our famous Dr. O. W. Holmes said: "Medicine, sometimes impertinently, often ignorantly, often carelessly, called 'allopathy,' appropriates everything from every source that can be of the slightest use to anybody who is ailing in any way, or likely to be ailing from any cause. It learned from a monk how to use antimony, from a jesuit how to cure agues, from a friar how to cut for stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the eustachian tube, from a dairy maid how to prevent smallpox, and from an old market woman how to catch the itch insect. It borrowed acu-puncture from the Japanese, and was taught the use of lobelia by the American savage. It stands ready today to accept anything from any theorist, from any empiric who can make out a good case for his discovery or his remedy."

Will our friend be good enough to explain what the quarrel is about? The only difference we can see is in the trade-mark.

Will we ever come to this:

DR. J. W. SHEPARD,
LEOTI, KANSAS.

Practice in 8 counties, have been here eight years, have taken six patients to hospital and all recovered; have never lost a case of typhoid fever. Mortality almost nothing in all diseases. Never too busy to stay with bad case until medicine acts. : : : : : :

Good Automobile Service.
Your Business Solicited.

The gentlemen who are prostituting the pharmaceutical profession have positively lost all sense of decency. First our friend Cartmell turned his store into a "bucket shop" where a "specialist" humbugged the people, and now the Miller Co. is prostituting itself to a set of fakers who, between the hours of 9 a. m. and 8 p. m., take the people's good money in return for a worthless panacea. It is bad enough for druggists to handle patent medicines but to actualiy endorse them and even assist the promoters in robbing the poor sufferers is the limit.

"An ounce of flesh is better than a pound of theory. Miller Drug Co. believes that the best possible demonstration of the flesh-forming powers of Samose is to have it tried by their customers and to induce them to use it they offer to pay for the Samose in case it does not give satisfaction. No stronger proof than this can be given of their faith in it. They have seen hundreds who were weak, thin and scrawny, become plump, robust and strong, solely through the use of Samose."

Thus reads one of the advertisements. Well, it is good business, so is prostitution.

Better County Society Members.—The recent improvement in medical education, to which the Council on Medical Education of the American Medical Association has largely contributed, has raised the average intellectual grade of medical men. But it must not be forgotten that an educated man can be a rascal and of more harm to society because of the education which he misuses. Consequently, in addition to a proper medical education, a good moral character should be an indispensable requirement, not only for obtaining the doctorate, but for good standing in the profession as well. While the medical society is not a reformatory, it is responsible both to the public and to the profession for the conduct of its members. Every component society must guard its membership, both by carefully scrutinizing the character of those whom it admits and by continually requiring its members to make self-interest subservient to public good.—Jr. A. M. A.

The Doctor's Bill.—In this day of economic medicine, the practitioner who neglects the business side of his work lowers the dignity of his calling in the public eye. The man of independent means may play the philanthropist, but in so doing he adds to the burdens and temptations of his less fortunate brother whose practice must support a family. There is nothing so despicable as a well-to-do doctor rendering gratuitous service to the pay-as-you-please class. Some of

the so-called leaders in the profession may be found the worst offenders against the spirit of the principles of ethics in this matter of cutting fees.

For attending a case of pneumonia, typhoid, appendicitis, childbirth, or plain imagination, a physician is entitled to reasonable compensation, depending, first, on his personal valuation of his own services, secondly, on the time devoted to the effort, and finally, on the prevailing standard of fees in the community. The patient's prominence or wealth has little or nothing to do with the amount of the fee justly charged; it should not affect the doctor's fee any more than it should affect the price of an automobile or a pair of shoes. A doctor must be either a business man or a beggar.

It is unwise and unnecessary to itemize the bill further than stating the date and nature of the service rendered. Were doctors' bills never itemized, the public would not be continually howling about our charges. A lawyer spends half the time a doctor does learning his business, yet he commands a fee beside which the doctor's looks pigmy; and the reason he collects that fee is that he charges for the case rather than for each individual consultation or interview.

A fee bill is an instrument which should be retained in our own hands as a guide in fixing charges; it should never, under any circumstances, be made public. Publication of itemized fee bills is precisely upon a par with a butcher's tariff for various cuts of meat; medical societies forget the dignity of their function when they offer fee-bills to the public press. What purpose is served by making the matter public? Just this: the bargain hunting share of the public concludes that the "doctors' trust" is trying to rob the people, and there is a scramble for the cheap man. Does the fee bill force the cheap man to charge a reasonable fee? Not at all; it boosts his business interests among the very class he caters to. A fee bill, if it is to serve any good purpose, should be held sacredly confidential among ourselves.

If a practitioner, for any reason whatsoever, sees fit to reduce his fees below the minimum, for one or for all of his patients, that is his own personal business, and nobody has any right to interfere. There is no medical trust, no medical union, no boycott. Time will teach him the lesson he needs without our concern. He will learn one day that the public, after all, gauges a man's ability by his self esteem. Look about you in your own community and see whether this is not true. The good men command the best fees; and one reason they are good men is because they have *demanded* the best fees. Idemque the cheap men.

Of course every practitioner today makes a record of each visit or treatment at the time it occurs, but this is for

clinical purposes, and should be separate from the memorandum of account, for obvious business and legal reasons. The physician who cannot obtain a settlement of his accounts without resorting to the antediluvian itemized bill should begin to educate his clientele to better ways. The patient who can trust you to administer poisonous drugs or use the knife, should certainly trust you to render an honest bill.

Our forefathers in the healing art, being great guessers, were afflicted with a false modesty which made them ashamed to take the money; and furthermore, their competition was inconsiderable as compared with that of today—I mean their extra-professional competition. Our work is at least two-thirds scientifically accurate and only in small part guess-work. Therefore, why are we ashamed to take the money?

We are ashamed. We want our patients to know that we are conscience-stricken in collecting fees; we confess a lack of self esteem daily. We "throw off" a certain percentage of a reasonable and just account, from motives of shame or guilt or greed—in order to effect a settlement. How many business firms practice such a ruinous policy? Some of the public utility companies do, it is true, but why? To catch the irresponsible customer; and the little ten per cent. rebate is always added to the charge in advance, you may be sure. We never see a merchant—other than the old style Jew clothier—offering 20 and 50 per cent. reductions on accounts *past due*. No, indeed, that is a rite sacred to our profession—a hereditary rite handed down by those guessing medical ancestors who were by contrast properly and reasonably ashamed to take the money. It is high time we should rise to the position of any honest laborer worthy of his hire. Whatever amount we charge in the bill, be it great or small, we should hold to that amount just as though we had loaned the money.

A doctor's bill no longer needs an excuse tacked on the top. Nobody worth while feels insulted when the doctor asks for his pay. It looks more business-like, and it certainly makes for better business results, to omit that apologetic phrase so many have printed at the head of their statement—"Monthly Statement," or "Quarterly Statement," as the case may be. Some timid souls, in their excess of modesty, go even further in this abject confession of weakness: "Monthly Statement," runs the apology, "Bills rendered monthly. This is *not* a demand for settlement." For Heaven's sake, then what is it?—a letter of condolence? If a creditor doesn't expect settlement, why shouldn't the debtor thrust the bill aside until more pressing matters like

butchers' and grocers' bills are met? My printer's statements bear this legend: "All bills due and *must* be settled within ten days from date."—and my printer is a great success in his business. It's bad business to pay a bill before it is due; the debtor might better place the money in bank at interest—or buy a phonograph.

Let us not forget what we are charging for. The words *Professional Services* do not signify cure or even improvement, but merely the best aid the doctor can render under the conditions surrounding the patient. The fee, no matter how large, despite certain philanthropic colleagues, is never exorbitant, provided the doctor has put forth an earnest effort in behalf of his patient. A life or a limb, or health itself, has no price that can be expressed in figures. Whenever you find yourself thinking that any fee you may have collected was "easy money," forget it quick! With that delusion in your head, your income is bound to diminish. The healthy way to look upon one's business position is this: *I am not half paid for all the good I do.* Could every doctor repeat these words with sincerity, the contract evil would shortly die of inanition. Such a feeling cannot help but make a man a greater success in his profession.

It is an excellent tonic to have occasional bargain hunters desert you to search for a cheaper man. It stimulates your self esteem, and it increases the deserters' respect for you. They often come back. The force of psychology brings them back; they reason that a man who demands a given fee must be worth it. Every practitioner of medicine must set his own price and make his own reputation. To drift along with the ill advised intention of weeding out some day is a very doubtful policy to pursue; weeds grow faster than good plants, and choke off the good plants in time. The thrifty gardener keeps the weeds down from the beginning. Better to content yourself with a $3,000 practice, eighty per cent. collectible, than to struggle with a $5,000 practice, only fifty per cent. good.

In small villages where the regular profession fixes on a dollar or a dollar and a half for visits, and fifty cents or a dollar for office consultations, the business-like osteopath steps in and demands three dollars for visits and two dollars for office treatments. The public pays the difference for psychic reasons—and the same motive has much to do with the increasing popularity of all the healing fads. It is time the regular profession should lift up its head and help itself.

WILLIAM BRADY, M. D.

(Editorial in New York State Journal of Medicine.)

Obituary

Dr. John Patten Wales, mayor of Wilmington from 1882 to 1884, who spent the greater part of his life here, died June 25, at his residence, No. 1500 Delaware avenue, of an aneurism of the thoracic aorta, with which he had been afflicted for several months. He was in his eighty-second year.

Dr. Wales was born in this city in 1831. He received his early education in the schools of Wilmington. Later he attended the collegiate institute at Moorestown, N. J. In 1852 he graduated from the University of Pennsylvania, with the degree of doctor of medicine. After spending a year at the Baltimore Hospital, the only hospital in the city, as resident physician, he returned to Wilmington and began the practice of medicine in 1856.

At the outbreak of the Civil War he gave up a large practice to take an appointment as captain in the regular army. He was commissioned by President Abraham Lincoln himself as captain of a company in the Seventeenth United States Infantry on August 18, 1861. His regiment took part in the Peninsula campaign, forming a part of the Second Brigade, Sykes' Division, Fifth Army Corps. It participated in all the subsequent movements of the Army of the Potomac, until the fall of 1864, when it was reduced to 35 men. It was then withdrawn from the field and ordered to Fort Lafayette. Before this time, however, Captain Wales had been breveted major for gallant conduct. He conducted his regiment at the battle of Fredericksburg and elsewhere. He resigned his commission in the spring of 1865 after the war was over and returned to Wilmington to the active practice of his profession.

Dr. Wales was descended from Puritan stock on his father's side. He was descended from Nathaniel Wales, who landed in Boston, Mass., in 1635, seeking freedom from the religious prosecution in the mother country. John Wales, the father of Dr. Wales, came to Delaware from New England in 1815, and settled in Wilmington to practice law. He afterwards became United States Senator from Delaware, filling the unexpired term of John M. Clayton. John Wales was one of the original founders of the Republican party in Delaware. On his mother's side, Dr. Wales was the grandson of Major John Patten of the famous Delaware Regiment

during the War of the Revolution, for whom Dr. Wales was named.

Deceased was a director of the National Bank of Wilmington and Brandywine, but resigned that position when he was elected mayor of Wilmington in 1882, succeeding John P. Allmond, who died March 27, this year. He was a prime mover in the formation of duPont Post, G. A. R., and

JOHN P. WALES, M. D.

a prominent member of Corinthian Lodge, A. F. and A. M. He was a member of the Military Order of the Loyal Legion. He was president of the Delaware Society of the Cincinnati and was also, at one time, president of the Delaware Historical Society, a life member of the American Medical Association and of the New Castle County Medical Society. He was examining surgeon for the Pension Bureau for Wil-

mington and was senior warden of St. Andrew's P. E. Church. He was the oldest practicing physician in the State, his service having extended over a period of 60 years.

Dr. Wales is survived by his widow, two daughters, Misses Isabel B. and Elizabeth Bent Wales, and two sons, Leonard E. Wales and Dr. Joseph P. Wales. He was a brother of Judge L. E. Wales, who died February 8, 1897.

Motor News for Doctors

Under the Charge of Frank Alderman

Dr. Forrest disposed of his Cole touring car and purchased a 1912 Maxwell "Mercury."

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Dr. Kraemer bewails the auto expense to the doctor. So do we, but what are you going to do about it?

Public Health

INFANT MORTALITY.—In his President's address at the meeting of the American Medical Association, Dr. Abraham Jacobi, New York (*Journal A. M. A.*, June 8), took up the subject of the best means of combating infant mortality, after first noting the growth of the Association and the desirability of further increasing its membership. According to the New York Milk Committee and other authorities, 17 per cent. of infant deaths are caused by congenital troubles. Two great remedies are recommended: 1. No midwife be allowed to handle any of these cases. 2. Rest be provided for the mothers after confinement and the children be referred

to milk stations. Both of these are combated by Dr. Jacobi, who says that his program includes additions and changes to these propositions. If 17 per cent. of infant deaths are caused by congenital troubles, study these and obviate them. The babe's life and pathology begins nine months before the birth. What the world wants is healthy babies, and it seems almost impossible to prevent some from being infirm, both physically and mentally, so long as the riches provided by this world are accessible to only a part, and the advice to limit the number of children would be more appropriately given to the poor rather than to the rich. A laboring mother is handicapped in producing healthy children, and the least that can be done for her is the reduction of working hours during pregnancy and protracted rest after confinement. Insanitary occupations are also hurtful. As regards the midwife, he says that 50 per cent. of all the births in the United States are attended by non-medical women, and he strongly criticizes the view that the midwife should be abolished. The midwives, he says, are mentioned as not even worthy of being educated, and he asks, "Do our obstetricians demand all the obstetric practice?" He would give a hearty welcome to the evening-dress obstetrician, who gets hundreds of dollars for a confinement, in the household where the income is $15 or $10 a week. The teaching of midwives is not so difficult as is thought, and doctors themselves are often defective in practical knowledge. If this is the case in the green tree, *i. e.*, among the men and women with medical diplomas, what can be expected from the untutored? It is useless to attempt a comparison of a midwife with a medical man. They must be considered individually. The ignorant doctor in obstetric work is inferior to the well-informed midwife, and *vice versa*. What he would teach the midwives is, besides the manual care of normal labor, not to use medicine, not to operate, not to try even to remedy wrong fetal position as a rule; to teach them the use of soap and water and antiseptics; enforce by law and custom the frequent change of their own clothing; forbid the simultaneous attendance on two or more cases; see that she does not attend a labor case if there is in her family or immediate neighborhood a case of contagious disease; and she should be examined and licensed and protected as are the doctors. The midwife should know when to call a doctor and how to do a version in cases of emergency; how to attend the eyes and meet other contingencies, like hemorrhage, asphyxia, etc.; and, more than all, how to keep absolutely clean, and lastly, and here is the secret of success, not to leave the woman. As regards the milk question, Jacobi insists that the maternal milk is the safest nutriment. It is not much influenced by emotions,

cares and worries, only occasionally by medicine taken by the mother or by her food. The daily quantity is rarely less than a quart, and there is no such thing as absolute absence or secretion. He does not think that female suffrage will alter the conditions, or that women will be unable to meet added responsibilities in our modern civilization. The mother's milk has certain protective properties not possessed by substitutes and contains substances which organic chemistry has never isolated—the ferments that circulate in the blood, the alexins, agglutinins, etc. He refers to the reduction of infant mortality in Paris during the siege (1870-71) when women were compelled to nurse their own babies on account of the absence of cow's milk, as showing the superiority of maternal nursing, and gives a table to show the incidence of disease in the breast fed and artificially fed.

Sanitation at Panama.—W. C. Gorgas, Ancon, C. Z. (*Journal A. M. A.*, March 30), describes the conditions at Panama and gives the history of former conditions when the Isthmus was considered the most unhealthy spot in the world. During the construction of the Panama railroad the mortality was so great that the construction work had to be stopped several times. At one time the construction company imported 1,000 negroes from Africa, who all died within six months, and the same fate occurred to 1,000 Chinamen. One of the stations on the road was named Matachin and the tradition is that this name is derived from the Spanish words *mata*, "killed," and *Chin*, "Chinaman," because this was the place where the 1,000 Chinamen were housed and where most of them died. Mortality rate was similar during the French work on the Isthmus, and Gorgas estimates that they lost 40,000 laborers by death during that period. He admits that we could do no better now without the better information we possess as to the cause of tropical disease. The mortality at the present time is 7.50. Malaria, from a maximum of 821 per 1,000, has been reduced to 187 per 1,000 morbidity; but, best of all, yellow fever has been completely banished. The general death-rate has been reduced during six years from a maximum of 49.94 per 1,000 to a rate for the year of 1910 of 2.18 per 1,000, which compares favorably with many parts of the United States. Gorgas notices the work of two sensational syndicate writers who have attacked the Isthmus sanitation on the ground of its expense, claiming that the sanitation has cost some two million dollars per year and if the methods were applied in this country it would cost us twelve hundred million per annum. The expenses of sanitation on the Isthmus, he says, have amounted to about $365,000 per year, and he compares

it with the health department of Chicago, whose appropriation this year is $600,000, though their work does not cover either foreign quarantine or mosquito work, which constitute a large bulk of the expenditures on the Isthmus. For the purposes for which the Chicago health department spends $600,000, $50,000 is spent on the Isthmus every year. Applying the figures to the whole United States, Gorgas makes out that the sanitary authorities on the Isthmus spend one-tenth more per capita than would be spent in the whole United States for the same purpose. This, he thinks, is not extravagant when the difficulties to be met have to be considered. He refers to the address of a high railroad official in the United States recently quoted to him. It stated that the sanitary expenditures on the Isthmus would have been 5 per cent. of the total cost when the whole work was finished. How much more emphatic might he have been if he had known that instead of costing 5 per cent. of the total appropriation the work had actually cost less than 1 per cent. of the total appropriation for all purposes. What Gorgas particularly wishes to emphasize, however, is that while the great work done of late years in tropical sanitation has enabled the sanitary department on the Isthmus to take a vital part in the building of the canal, it is not the greatest good that is hoped and expected will flow from this conspicuous object lesson. He hopes that our success at Panama will induce other tropical countries to adopt the same measures and thereby redeem the tropics and make them a suitable habitation for the white man. Such statements as made by the writers referred to above and given wide circulation by syndicate letters for leading newspapers should not be allowed to pass uncontradicted.

CONTRIBUTIONS BY THE U. S. P. H. AND M.-H. S. TO PREVENTIVE MEDICINE.—John F. Anderson, Washington, D. C. (*Journal A. M. A.*, June 8), sets forth some of the recent contributions made by the U. S. Public Health Service to our knowledge of the cause and control of communicable diseases. These contributions by the service have been along two main lines: first, research work in the laboratories of the service; and second, the application of new as well as older methods in the control of certain diseases. The two lines, however, at times necessarily merge. The measures instituted during the past summer may be considered under three general heads: 1. Quarantine measures enforced at foreign ports. 2. Quarantine measures enforced during the voyage. 3. Measures enforced at ports of arrival in the United States. The measures adopted in the suppression of bubonic plague in San Francisco have conclusively shown

that it is possible to eradicate this disease even when it has obtained a foothold in a large city. The work on typhoid within the last several years, including a prolonged and intensive study of the disease in the District of Columbia, investigations of numerous outbreaks in towns and cities, and studies of rural typhoid in different sections of the country, has contributed materially to the knowledge of the epidemiology of the disease. In the past year studies were made on measles, as a result of which we obtained our first definite knowledge as to the susceptibility of the monkey to infection with measles. It was shown that the virus of the disease is present in the blood at least some hours before the eruption appears and for about thirty-six hours after. The behavior of the virus to various physical and other influences was tested. Experiments made to determine whether the scales were infectious, justified the opinion that the desquamating epidermis in measles did not of itself carry the virus of the disease. It was conclusively demonstrated that the infective agent of measles was contained in the nasal and buccal secretions during at least the first forty-eight hours of the eruptive period; and in no instance were the secretions, collected at a later period, found to be infective. Other contributions pertained to the standardization of drugs, especially digitalis, ergot and thyroid preparations; the study of embalming fluids and methods of preparing dead bodies for interstate shipment; the disposal of sewage; laboratory and field studies on hookworm and other intestinal infections, etc.

It is declared by many that the State of Pennsylvania now stands at the forefront in the sisterhood of States in the promotion of the health of the people. The activities of the Health Department of the Keystone State have been such that the death rate has been cut down to such an extent that there are now 14,000 fewer deaths a year in the State in proportion to population than there were only four years ago. The Legislature of Pennsylvania last year appropriated $3,000,000 for its public health crusade, $2,000,000 to be expended in the fight against tuberculosis and $1,000,000 in the campaign against other diseases.

That Pennsylvania can well afford to make such an appropriation is disclosed by a simple calculation. The economists of the country agree that each death represents a considerable economic loss to the community. The lowest estimate they make is $1,700. Upon this basis the number of lives saved a year in Pennsylvania today as compared with five years ago represents an economic value of nearly $24,000,000. The most conservative economists calculate that

the annual earning capacity of the average American citizen is $700. It is fair to assume the reduced death rate in Pennsylvania has served to prolong the life of the average citizen two years. Upon this basis the health activities of the Pennsylvania authorities have reduced the annual death loss with respect to earnings by nearly $20,000,000.

In other words, by the investment of an annual appropriation ranging from $1,000,000 to $3,000,000, Pennsylvania has succeeded in only half a decade in saving to the State lives representing nearly $44,000,000 in economic value. Nearly 2,500 deaths from typhoid fever were prevented, and nearly 7,000 children have their lives saved by the use of antitoxin for diphtheria. A remarkable illustration of what the antitoxin treatment for diphtheria has done for the children of the United States is afforded by the reports of the Pennsylvanian Board of Health. During one year there were 21,000 children in the State given this treatment after they had contracted the disease. According to the ratio of deaths prevailing before the antitoxin treatment was discovered, 8,743 of these children would have filled untimely graves. With the treatment only 1,765 died.

Pennsylvania is one of the leaders among the States in its campaign against tuberculosis, maintaining three sanitoriums for the poor, and 115 free dispensaries for the treatment of the disease. Nearly 40,000 patients a year are treated in these sanatoriums and dispensaries.

Dr. Samuel G. Dixon, health commissioner of Pennsylvania, exercises a watchful control over the health of all of the counties of the State. Sixty-six of these counties have medical inspectors whose duty it is to see that the sanitary laws of the State are enforced. There are also 700 township health officers who co-operate with the State authorities in carrying out the provisions of the health laws. The State also has control of the water supplies of the commonwealth, and rigidly enforces the laws with reference to sewage disposal.

Male Lactation.—R. C. Creasy, Wiconisco, Pa. (*Journal A. M. A.*, March 16), gives the history of a case of a fireman, aged 24, very muscular and robust, who complained of pain in the mammary glands and a milk-like secretion oozing from the nipples. This had appeared within eight weeks and was especially troublesome during and after his working hours. The secretions increased to such a degree as to saturate his clothing. He had been in the habit of rubbing his left breast, and Creasy considers this a chief cause. The left gland was larger than the right, the nipple was pouting, but there was little pigmentation in the area. There were,

however, shot-like nodules within the skin tissue simulating the Montgomery nodules of the female gland. In other respects the patient's condition was normal. Under the microscope fat cells were numerous in the secretion but there were no pus-cells or erythrocytes. Belladonna internally to full physiologic effects and local application of belladonna ointment checked the secretion and relieved the patient's symptoms.

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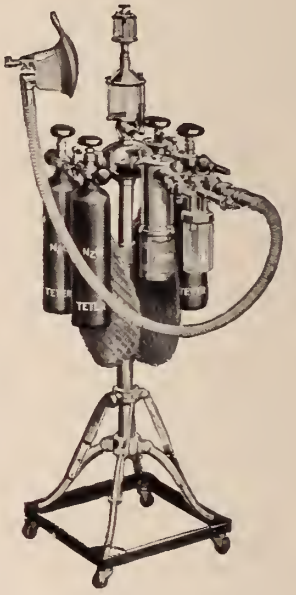

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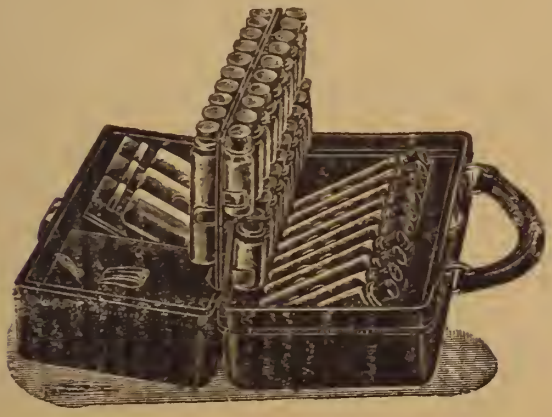

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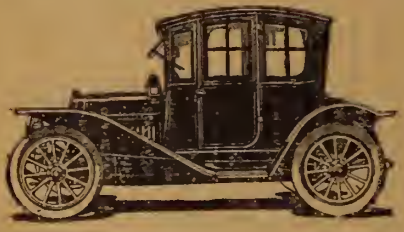

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—*From the proposed revision of the Principles of Medical Ethics.*

Delaware State Medical Journal

Conservative Surgery of the Pelvic Organs

By Henry J. Stubbs, M. D.

Conservative, according to Gould, means to keep, to aim at the preservation of impaired parts.

Conservative surgery is of great importance, and requires much discrimination in its use; it is a procedure fraught with great success and corresponding dangers.

The term conservation as applied to the surgery of the pelvic organs, means the preserving of organs that are functionating, hence of use. The advantages of the procedure is the preservation of maternity, menstruation, internal secretion of the ovaries and sexual instinct.

The dangers are the possibility of failing in the restoration of complete function of the organs, the relief of disease on the resected side, the occurrence of disease on the opposite side, failure to make symptomatic cure, risk of ectopic pregnancy, danger of infection in resected parts, increased risk to life in secondary operation.

The contra-indications to conservative operations are often the presence of pus at time of operation and malignant disease. For a woman to become pregnant it is essential to have a connection or an open canal from the ovaries or ovary through the Fallopian tubes or tube and a healthy mucosa for the lodgment of the product of conception. Maternity may take place if one tube and ovary on the same side are removed.

Maternity may also take place if an ovary on one side and the tube on the opposite side are removed. For instance, if the right ovary and the left tube are hopelessly diseased and removed, the woman may still become a mother, by drawing the sound tube well over to the vicinity of the remaining ovary and fastening it. The ovum from the ovary that is left may and often does find its way to the healthy tube. If both ovaries are partially diseased, the diseased portions may be removed, and the woman become pregnant. If the tubes are occluded they can be opened by a probe, and maternity may still take place. If the fimbriated extremities of the tubes are adherent to the ovaries they may be freed and again perform their function. Again, the fimbriated extremities may be completely occluded by inflammation. In that case they should be amputated and artificial fimbriated extremities made, and pregnancy may result.

Menstruation does not depend in any way on the tubes. Both tubes may be removed and menstruation continue. Again, a part of one ovary may be left and the function of menstruation continue. One ovary may be removed and part of the other with a portion of the uterus, and menstruation go on. The internal secretion of the ovaries which is supposed to play an important part in the health of the woman may be maintained when one or both ovaries are retained even when both tubes and uterus have been removed.

It will thus be seen that the most important organs in the pelvis are the ovaries, next the uterus, then the tubes.

Nature has been kind to woman in providing her with two ovaries and two tubes, making it possible to perform many of the conservative operations.

Age is an important factor in conservative operations. In a woman of thirty-five or upwards conservation is not such an important question. In a young woman every effort should be made to conserve the organs of generation. In cancer it is not the operation of choice or to be even considered. When pus is present it is a doubtful procedure, although in this era of antisepsis it may be quite safe. In acute salpingitis one should be slow to operate unless peritonitis supervenes; in the chronic form, every case should be operated on. In France the conservative operation to save the ovaries is practiced; in Germany, Martin is working for the same end.

It has not been so many years ago when, while operating for an ovarian cyst, it was considered wise to remove the ovary on the opposite side, for the supposed safety of the patient. The hundreds of children born since this procedure was abandoned attest to its fallacy; the same may be said of unilateral disease of the pelvic organ.

Myomectomy is the accepted operation for fibroids of the uterus in a woman up to the age of thirty-five in selected cases. It is more dangerous than hysterectomy; still, in a woman of suitable age it should be the operation of choice. When the fibroid is small and not accompanied by hemorrhage or other symptoms no interference should be instituted. The conservative operation is either myomectomy or hystero-myomectomy, and the indications for operative interference are rapid growth, grave hemorrhage from the uterus, ascitis, pressure on important organs, suppuration or degeneration of the tumor, and pregnancy, under certain conditions. When the fibroid grows rapidly it is liable to undergo malignant degeneration. The removal of pedunculated fibroids is a simple matter. In a woman at or about the menopause, hysterectomy should be performed.

Women frequently bear children after myomectomy. The probabilities, however, are that the operation leads to sterility. When the fibroid is low down on the cervix the vaginal route is often preferable to the abdominal.

Conservation should be instituted when operating for large Graafian cysts of the ovary, puncture being the proper operation. In ovaries containing small fibroids, the fibroids should be enucleated and the organs saved. Ovaries on the side of extra-uterine pregnancy can often be retained. Displaced ovaries should be suspended instead of removed. Adherent tubes and ovaries should be liberated, provided the adhesions are not too firm.

I hope I have been able to interest the Society to some extent. I am indebted to Kelly, Kelly & Noble, Ashton and Cullen for much of my inspiration.

The Relation of the Physician to the Pharmacist

By Dr. Wm. H. Kraemer.

(Read at a meeting of the New Castle County Medical Society.)

The object of this meeting is to promote the welfare of the pharmaceutical and medical professions; to increase the interest in one another; to the betterment of the physician's knowledge of materia medica and pharmacy and the uplifting of the pharmacist to a higher and more profitable profession.

In order to facilitate the discussion of the paper I have subdivided it as follows:

What constitutes a pharmaceutical and a proprietary preparation and what place has it in medicine and pharmacy?

How can these medicines be classified?

Can the doctor and the pharmacist, together, stamp out the use and sale of certain medicines?

Why does the doctor dispense his own medicines and what can the pharmacist offer to correct this practice?

Pharmaceutical preparations are medicines made by a pharmaceutical house of a good reputation; the ingredients printed upon the label with the amount of each; and the advertisement confined to the medical literature. These facts comprise a definition of a pharmaceutical preparation, an example of which is Maltine and Cascara; Mist, Cremo Bismuth (Mulford).

Proprietary medicines are those made by the pharmaceutical houses and other private concerns. The label may and may not show the ingredients and their quantity; the advertisement is not limited to the medical literature, but is also found in the public press. Examples of this class, which I believe rest on their merit, are: Listerine, Fellows Co. Syrup of Hypophos.

Why does the doctor use these preparations? He uses them because they are advertised. They are uniform in strength, and he can obtain them wherever he may be. When he knows that the house back of the preparation holds a good reputation, whose pharmacist has become very expert in buying the crude material, as well as in combining the ingredients. For example, consider the skill required in buying rhubarb root, to distinguish between sun and oven dried root, or in combining the ingredients of Liq. Ferri et Ammonii Acetatis, a very simple preparation.

Syrup of Hypophos. Co. and Liq. Antisepticus are preparations of the Pharmacopia the formula of which started from proprietary preparations, and yet there is a difference which is hard to explain, except in this way: These men (the manufacturers) become specialists in their line, experts of you wish to call them. Today we find the same conditions in our profession; surgeons, obstetricians, ophthalmologists, etc., are specialists. In the mechanical world, certain machinists become familiar with only a certain kind of work and certain firms build only a certain kind of machine.

The pharmacist in a retail store is like the general practitioner. He cannot turn out such preparations as I have mentioned any more than I could operate on appendicitis or could successfully remove tonsils. I may do some few surgi-

cal operations of a character within the scope of a general practitioner, and just so can the general pharmacist manufacture some preparations, but owing to the natural evolution through which all labor passes, the pharmacist is becoming a specialist.

A classification of proprietary medicines can only be based upon the reputation of the house producing them and the line of advertisement resorted to.

Can the doctor and the pharmacist, together, stamp out the use and sale of objectionable proprietary medicines?

Here one must bear in mind that the druggist is in a very peculiar position. He is engaged in a mercantile business, where it is essential to have a customer leave the store perfectly satisfied. If he should allow a customer to leave the store without a bottle of Pierce's Golden Discovery, which he came to purchase, this customer would never return to buy other legitimate articles.

The public press is receiving a large revenue from the advertisement of proprietary medicines and it cannot be induced to abandon this practice and give up the revenue therefrom.

If the pharmaceutical chemist who puts proprietary medicines on the market would abandon the practice of advertising in the public press and the medical journals would investigate the merits of the proprietaries before accepting the advertisement, the public would know less about such medicines. The druggist would not be called upon to sell them over his counter; and if the physician would order these medicines through the druggist by means of a prescription, allowing the druggist his just revenue, it would more than compensate for the small profits that the druggist would make on the proprietary medicine sold over his counter.

Why does the doctor dispense his own medicines and what can the pharmacist do to correct this practice?

I am in perfect sympathy with the druggist who has long hours and confinement to the store, quite different from ours, for, while on duty at all times, we do get through town and country with a constant change of surroundings and conditions.

But what is the physician to do at night and at certain hours on Sunday, when medicines are often needed and the stores are closed? The blame for dispensing also rests on the doctor who has a drug store and who makes no charge for his prescription when the medicine is purchased at his store.

The patient also is often kept from consulting a doctor by the druggist selling him a proprietary medicine or mix-

ing up some mixture of his own, the profit on neither being equal to that of a regular prescription.

To you, gentlemen of the two of the noblest professions, I present these facts, for consideration and debate.

Transactions of Medical Societies

The following abstracts of some of the papers read before the American Proctologic Society, at their meeting held at Atlantic City, June 3 and 4, 1912, were submitted to the Journal for publication:

POST-OPERATIVE CARE OF RECTAL CASES.

By Wm. M. Beach, M. D., of Pittsburgh, Pa.

Success in the solution of proctologic problems is measured by the degree of perfection in the restoration of functional conditions involved; we must remove the disease, but it is quite as important that we have a care to vouchsafe to our patients, perfect function.

Post-operative developments that need our attention are:

1. The disturbance of the nervous system. 2 The disturbance of the vascular system. 3. Digestive derangement. 4. Local conditions.

Post-operative neuroses manifest by (a) shock, (b) nervousness, (c) pain, (d) sphincteralgia, (e) retention of urine.

Vascular aberrations are shown by (a) hemorrhage, (b) infection.

Gastro-intestinal derangements are (a) nausea, (b) constipation, (c) ampullar impaction.

The local care of wounds should be inspected daily by the operator.

If patients are given proper post-operative care, their dread of radical cures would quickly subside, and rectal surgeons would escape untoward sequelae they may be compelled to record.

PATULOUS ANUS: ITS CLINICAL SIGNIFICANCE.

By Alfred J. Zobel, M. D., of San Francisco, Cal.

The condition of patulous anus results from an abnormal loss of tone in the sphincter muscles, which may be due

to either a fault intrinsically within the muscle, or to some disturbance in its nerve supply. When purely muscular the cause may be a direct injury to the muscle; in infiltration by a malignant or a syphilitic growth; a participation in a general muscular weakness; or the presence of a foreign body in the rectum which prevents the muscle from completely contracting. When the nerve supply to the sphincters is at fault the causative lesion may be either central or peripheral.

Complete fecal incontinence does not necessarily follow when the anus becomes patulous. The external sphincter, when but slightly affected, sometimes is assisted in performing its function by an extra effort of the will and through augmenting the muscle's action by strongly contracting the Glutei muscles and bringing them together.

A brief report of a few very interesting cases of patulous anus is given to illustrate the different causes of this condition; among them being a case of infiltration of the sphincters by a carcinomatous growth low down in the rectum; a case, the result of pederastic practices; a case, the result of a participation in the general alcoholic neuritis; cases where it occurred in low intussusception of the bowel in children; and two cases where it appeared as one of the early signs of locomotor ataxia.

THE SURGERY OF COLONIC CONSTIPATION.—A REPORT OF THIRTEEN CASES.

By Louis J. Hirschman, M. D., of Detroit, Mich.

After presenting the histories, radiographs and reports of operative treatment of thirteen cases of obstipation due to colonic obstruction, dilatation, stricture and adhesions, Dr. Hirschman has formulated several principles in dealing with his cases requiring colonic surgery. They are epitomized in the following conclusions:

1. Most cases of chronic constipation are colonic in origin and many are obstructive in type.
2. Many cases of so-called chronic constipation are therefore really colonic obstipation.
3. Many cases of colonic obstipation suffer from chronic dilatation of the colon with or without ptosis.
4. Radiography is a most vital necessity in the diagnosis of all cases of chronic interference with bowel function. Its negative value may be greater than its positive.
5. A chronically, over-distended colon whether adherent or not, never again becomes a normally functionating bowel.
6. Intestinal adhesions usually tend to recur in in-

creased intensity and adhesions only cause symptoms when put under stress or tension.

7. The prevention of tension in physiologic rest to the affected organ and colonic rest is obtained by colectomy, colostomy, or exclusion.

8. Colectomy as advocated by Lane is an operation seldom advisable and has many obvious objections from the standpoint of patient and physician. It is too grave a procedure to be undertaken except in the most aggravated cases.

9. Strictures, neoplasms, and other obstructions should be removed by excision of the diseased tissue and lateral anastomosis of the bowel.

10. Exclusion by ileo-colostomy is safe, easy to perform, and most satisfactory in the restoration of normal peristalsis and consequently normal health.

11. Results speak more eloquently than words. After an experience with nearly fifty cases requiring exclusion or resection of the colon for obstructive constipation with but one failure, I feel fully justified in recommending it to your careful consideration in all cases of aggravated colonic obstipation whether congenital, post-operative, or dependent on some mechanical obstruction or narrowing of the bowels.

THE ROENTGENOLOGIC METHOD OF EXAMINING CASES OF CONSTIPATION AND OBSTIPATION.—A METHOD OF VISUALIZATION OF ABDOMINAL LESIONS OF THE INTESTINAL TRACT.

By Arthur F. Holding, M. D., of New York City, N. Y.

The author noted that current text-books on diagnosis written by eminent authorities are still copying cuts which were drawn by some artist rather than by an anatomist. Let us hope that the striking proof furnished (by the X-rays) of the fallacy of such teaching will be effective, and perhaps not one of the least results will be to cause true illustrations to be placed before our students' eyes.

The normal position of the colon and the parts of the intestine that can ordinarily be visualized by means of bismuth ingesta and the X-rays, are:

(1) The first portion of the duodenum; (2) the jejunum; (3) the ileum; (4) all parts of the colon; in some cases the second and third portions of the duodenum and the appendix, can be visualized.

The accuracy, reliability and interpretation of findings by this method, however, may well receive our careful attention.

In the first place, this method does not cause gastro-intestinal symptoms, such as nausea, vomiting, diarrhea, con-

stipation, gastro-intestinal or general symptoms, other than are present when buttermilk alone is ingested; it is therefore logical to assume that the buttermilk-bismuth mixture does not irritate the mucous membrane and gives a true picture of the motor activities of the patient's intestines.

By fluoroscopy and by radiography in the erect or prone positions, or both, an accurate outline of the lumen of the tract can be obtained, especially where there is any obstruction to the onward progress of the intestinal contents. The individual peristaltic waves can be accurately registered on a special photographic emulsion that is far more sensitive than the human retina and the progress of the peristaltic waves can thus be seen functionating under normal conditions, the patient and his abdominal contents not relaxed by a general anesthetic; the secretions and motility not disturbed by the presence of an irritating foreign body such as a stomach tube; the conclusion not based on inference deduced from chemical reactions of juices obtained by abnormal and irritating measures. The organic outline obtained in X-ray plates is even more conclusive and reliable than the information obtained by the sense of touch, whether that be applied over the intact abdominal wall or to the viscera laid bare by an exploratory incision. The radiographic emulsion and the retina are the two most sensitive methods of observation possessed by man, far outranking in their acuteness either the drum, membrane or the sense of touch. It has been contended that the abdominal operation was more accurate than an X-ray examination, because it laid bare the "naked truth;" the finality of this argument is based more on the sound of the words than in fact, as any one knows who has had an opportunity to use both methods on the same case.

On the other hand, there is great danger of arriving at wrong conclusions in using the X-ray method, especially when the examination is based on too few plates or is only an examination of a suspected part of the 30 odd feet of intestinal canal.

We must not let seniority interfere with our recognition of the superiority of methods employed by us for diagnosis. No progressive proctologist or surgeon should depend on any one but should use them all in examining cases, and in obscure cases he should not hesitate to insist upon supplementing the more common methods of examination with a radiologic examination, regardless of the expense involved.

The various lesions and conditions that have been successfully shown by the X-ray method are—atonic and spastic constipation; congenital anomalies of the tract such as nonrotation of the cecum and narrowing or insufficiency of the

ileo-cecal valve; adhesions; kinks, with or without adhesions (including Lane's); ulcers; tumors within the canal and tumors pressing upon the intestines from without.

It must be borne in mind that a palpable tumor disappearing after the administration of an enema or a cathartic, even if followed by improvement in the patient's condition, is not proof that the tumor was feces.

The Roentgenologic method of clarifying difficult conditions present in patients will no doubt be gladly welcomed and widely utilized by surgeons, who, as a class, deserve our greatest respect and admiration for their courage in attacking many ordinarily undiagnosible conditions by cutting boldly into the abdomen and making their diagnosis by inspection and thereupon instituting impromptu surgical procedures in order to correct the conditions found. Many times the condition found within the abdomen is entirely different from that which was expected. When these difficult situations can be accurately known before the operation is begun; when the surgical procedures can be accurately predetermined; when much time (previously lost exploring the abdomen) can be saved; when the duration of the patient's anesthesia will be shortened—the surgeon will be saved the tremendous nervous strain and responsibility of emergency decisions and procedures; the surgeon must recognize that his operative statistics will necessarily be better, his patients are going to recover quicker, and more of them, and finally the years of a surgeon's life and usefulness will be increased.

The only great drawback to the general adoption of this method is its necessarily great expense.

VALVOTOMY.

By George B. Evans, M. D., Dayton, Ohio.

Valvotomy as a factor for the relief of proctitis.

Valvotomy as a factor for the relief of obstipation and constipation.

Valvotomy as a factor for the relief of distinct and isolated ulceration of the distal side and adjacent to the valve.

Valvotomy as a factor in the elimination of bladder and prostatic symptoms reflexly.

The location of the valves. Every case of valvular trouble is accompanied by pathological changes in the valves, and if in the valve, then in the adjacent tissues.

Valvular obstructions are prolific of more trouble than we give them credit for.

Valvular obstructions are causative factors in the production of obstipation in a large per cent. of our cases.

Valvotomy is a justifiable operation, as it not only re-

lieves obstipation and constipation, but often causes reflex and neurasthenic symptoms to disappear; frequently ameliorates and even cures proctitis, and by virtue of the drainage it secures, lessens the tendency to toxemia from intestinal origin.

MULTIPLE ADENOMATA OF THE RECTUM.—A REPORT OF A CASE WITH SYMPTOMATIC RELIEF BY SIMPLE REMEDIES.

By E. H. Terrell, M. D., of Richmond, Va.

This article was a report of a case of multiple adenomata of the rectum and sigmoid, in a patient 42 years of age, who had been suffering for the past five years. He had frequent stools with mucus, some blood and a great deal of tenesmus. He was having from eight to ten stools daily. He suffered considerable pain throughout the abdomen. Examination showed numerous small tumors scattered through the rectum and sigmoid. Microscopic examination showed these growths to be adenomatas. The bowel was intensely inflamed and contained many ulcers. Under irrigation of the bowel with boric acid and the administration by mouth of castor oil and aromatic syrup of rhubarb, improvement was almost immediate. In three and a half months the patient had gained seven and a half pounds, and was comparatively comfortable. The tumors were reduced in size and the ulcers gradually disappeared. While the adenomatas are still present the patient is symptomatically cured.

Dr. Terrell emphasized the value of the administration of equal parts of rhubarb and castor oil, and thinks that in simple ulceration of the rectum, this treatment alone is almost a specific. He calls attention to many reports of cases in which adenomatas of the rectum are supposed to disappear, and points out that this condition must be merely a hyperplasia with inflammation, and, not true tumors, for the latter are permanent. As regards the predisposition of adenomata to become cancerous, he called attention to the fact that these tumors are benign and are consequently composed of mature tissue, so they cannot themselves become immature tissue,—which is malignancy. Instead of a malignant degeneration, it is likely that matrices of immature tissue have also been deposited where so many matrices of mature tissue are found, and the growth of the adenomata, with the accompanying inflammation and ulceration, stimulates these immature matrices to develop into cancer; or, else, immature matrices are formed from the ulcers, just as they develop from ulcers, in cancer of the stomach. The simple treatment which he proposed not only relieves the patient's symptoms,

but by lessening the inflammation and curing the ulcers, it, also, decreases the chances for subsequent malignancy.

OBSERVATIONS UPON THE RELATIONSHIP OF TUBERCULOSIS TO PERI-RECTAL SUPPURATIONS.

By Collier F. Martin, M. D., of Philadelphia, Pa.

The author has found pulmonary tuberculosis so frequently associated with his cases of peri-rectal suppuration that he determined to report a consecutive series of cases, with findings.

The report comprises 376 consecutive cases, 75% being males, and ranging in age from 7 months to 87 years. The majority of these cases (322) occurred in the most active period of life, from 20 to 60 years.

He divided his cases into four major groups; the actively tubercular (144 cases), the chronically tubercular (68 cases), the phthisenoid (20 cases), and those patients in apparently good health (55 cases). This would indicate that at least 212 cases or 61% were cases of known tuberculosis.

There were 309 operations performed on 306 patients, under various anesthetics; spinal anesthesia 145 times, ether 54 times, and local and other anesthetics on the remaining. He chose spinal anesthesia where no other preference was expressed by the patient or the attending physician, on account of the associated tuberculosis.

Following these cases for the past four years he has traced thirty-seven deaths, of which thirty-four died of active tuberculosis or its complications.

The abscesses or fistulae in most of these cases could not be classified, from their appearance, as being locally tuberculous. Where the tubercle bacillus was easily recovered from the tissues or discharges, there was usually a very active pulmonary infection present.

The writer believes that the usual explanation of the association of pulmonary tuberculosis with rectal suppurations, lies in the fact that any pulmonary lesion, however small or inactive, may so alter the patient's vitality processes and so lower the opsonic index, as to make him particularly susceptible to pyogenic invasion. The same may be said of pyogenic infections in general, but the peculiar anatomic conditions existing in the rectum and its very active physiologic function, makes this a fertile region for external and internal trauma with subsequent inflammation and infection.

Traumatism is considered to be the chief active factor in impairing the integrity of the tissues.

The writer emphasized the fact that a careful lung examination should be made in all cases of peri-rectal suppura-

tion. He also made a strong plea for a careful and extended supervision of the patient's general health for a long period after all surgical treatment has been discontinued.

The vital consideration in these cases is not the question as to whether or not the local lesion is tuberculous, but has to do with the presence or absence of active or latent tuberculosis in the patient, and his chances of having good general health after surgical intervention.

Personals

Dr. J. Burton Rutherford has moved his office and home from Seventh and Monroe streets to 231 North Franklin street.

G. Burton Pearson, M. D., 905 West street, is opening a drug store at Thirteenth and Claymont streets. He expects to keep his office at 905 West street.

Dr. Samuel Rumford anticipates the purchase of a 1913 Overland.

Dr. Harold Springer has returned from a week's visit to Atlantic City.

Dr. Kirkwood, graduate of Jeff., '12, is a new promising interne at the Delaware Hospital.

Drs. Mann and Tomlinson expect to leave Delaware Hospital in September. Dr. Mann will continue his surgical training in a P. G. course between Jeff. and the Polyclinic Hospitals, Philadelphia.

Dr. Robert Tomlinson will become an interne in the Presbyterian Hospital of New York City.

Dr. Phillips deserves praise for running down the Tona-Vitae fakers. Eat 'em alive, Phillips!

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THE ANNUAL REPORT OF THE CITY BOARD OF HEALTH.—A report serves or should serve the following objects: (1) It is a record of the work done by the officials. (2) It is a collection of data for the information and guidance of any one who may have interest in this particular work. A public health report serves the additional object of presenting object lessons in epidemiology and the prevention of disease. Incidentally the record of vital statistics, which forms an essential part of a board of health report, discloses not only the health conditions of the community, but the carelessness if not negligence of some physicians in making their diagnoses.

Let us see what we can learn from the last annual report. To begin with, the President, Dr. Beck, voicing presumably the rest of the Board, makes the recommendation of "the erection of a municipal hospital for the treatment of contagious diseases." Concerning this matter, the secretary, Mr. Malcolm, has this to say: "The absolute control of contagious diseases will never be fully accomplished until the cause of the infection is first lessened, and second, the disease properly isolated, as can only be done in a contagious disease hospital. The necessity of the city acquiring such a hospital for the treatment of contagious diseases is becoming more apparent each succeeding year, and the neglect in securing one is much to be regretted, and it is to be hoped that the matter may be decided upon at an early date, as many cases of diphtheria and scarlet fever are traced to the direct contact of the children in the home of the afflicted one.

It frequently happens that a contagious disease is reported in a certain house on one day, and in a few days later the second and often the third case is reported in the same house for the reasons already stated." This is not a new statement nor does it represent the opinion of one individual. Previous secretaries of the Board of Health have expressed similar views. Mr. Wigglesworth, a very efficient man, who spent several years in board of health work, had this to say in one of his annual reports:

"A very serious problem that has confronted the Board of Health for some time is an efficient method of quarantine, and I am of the opinion that this cannot be effected until the city erects or comes into possession of a contagious disease hospital or the health authorities rigidly quarantine every person in the house containing a case of contagious disease.

"Domestic quarantine is always uncertain and unreliable, while on the other hand no argument is necessary to prove the value of an isolation hospital. Economy and efficiency are both promoted by the removal of contagious disease patients to a hospital, and the public interests cannot be well served in any community, where the persons affected with such disease are of necessity kept in their own homes. The many outbreaks of scarlet fever which have occurred in Wilmington during the past few years have drawn attention to the greater danger, inconvenience and damage to private interests, which may occur when no facilities are provided for the removal of patients suffering from contagious diseases.

"To permit cases of contagious diseases to be treated in private dwellings is always attended with danger, but until an isolation hospital is provided, it is of course under the circumstances absolutely necessary. Tacking caution cards upon infected houses and keeping the children out of school, the wage earners of the family to come and go at will and mingle with others in the stores and shops and upon the streets is apparently absurd. The executive officers are repeatedly sent to investigate complaints of quarantine violations, and, although these complaints are not always well founded, there is frequently cause for grave suspicion."

Now, what does this mean? If the executive officers who are in a position to know, admit officially the inefficiency of domestic quarantine; then it is dereliction of duty on the part of the members of the Board of Health not to work for a municipal hospital with all their might, using all their personal and political influence,—for, they are the guardians of the public health. Let us hope that the present Board will become thoroughly awakened to their duty in the matter.

Our Food Inspection.—We might as well be frank about it: Our milk and meat inspectors hardly justify the expenditure of public money; and here are the proofs. The milk inspector reports 3.515 inspections, 254 samples collected and 22 analyzed. We are somewhat familiar with the methods of the milk inspector and know just what these "inspections" actually represent. The milk inspector, armed with a lactometer, goes to the railroad stations where milk is delivered or stops the dairy wagons and takes the specific gravity of the milk in the cans. If the specific gravity is about right, the milk is passed; if not, a sample is collected for further examination, which consists in determining the butter fat. Now, 3,515 inspections represent about 10 inspections daily. About one-half of the inspections are made at the railroad stations, the remaining inspections covering 623 distributors of milk, which means that each distributor has a chance of being inspected about twice a year, or if one is inspected more frequently others are not inspected at all. We may also ask, why were only 22 samples analyzed when 254 were suspicious? What became of the other 232 samples? And what did the analyses show? The veterinary inspection is another farce. The inspection is supposed to be made by a veterinarian at the expense of the owner, the veterinarian filling out a blank purporting to show the condition of the dairy and the health of the cattle. As a matter of fact, certain veterinarians have been known to fill out the certificates without even inspecting the herd. But even if a careful inspection is made, what is to prevent the owner from purchasing diseased cows or supplying the milk from diseased cattle after the inspection, which takes place only once a year? On a par with the milk inspection is the meat inspection. It is almost incredible that of 6,015 cattle "inspected" only 96 should have been found diseased; of 2,263 calves only 7, and of 20,524 hogs only 17. Too good to be true. What is the use of wasting money? Either let us have a real rigid inspection which would mean exactly what the term implies, or none at all.

Our Vital Statistics.—The record of our vital statistics is a disgrace to our profession. We do not expect the physician to make a diagnosis in every case, or every other case, but his training, if it was worth anything, should guard him against stating causes of death which show either gross carelessness or extreme ignorance of the fundamental principles of pathology. "Abscess" caused the death of three persons. Abscess, where? and what kind? "Anemia" killed one. There are only two forms of anemia which are fatal, "pernicious anemia" and "leukemia." Was it that kind? If

so, why not state the fact. "Asthma" has caused the death of six persons. As asthma is not fatal and five of the patients were from 60 to 80 years old, one wonders why a cause of death more consistent with the possible condition was not given. "Atrophy of the liver" caused one death. Was it acute yellow atrophy or was it atrophic cirrhosis? "Auto-intoxication" caused the death of a child one year old. A very improbable diagnosis. "Bronchitis" was supposed to have caused 14 deaths. As bronchitis, either acute or chronic, is not a fatal disease one wonders how many of these cases were broncho-pneumonia. This supposition is strengthened by the fact that five of the patients were under one year of age, four from 1 to 2, one from 2 to 5, two from 60 to 70, one from 70 to 80 and one from 80 to 90. "Gastric catarrh" caused the death of two persons, each over 70 years of age, while "catarrh of the lungs" terminated the short lives of three infants, two of them under one year of age. Our old friend "congestive chill" killed one Wilmingtonian in the prime of life, while "congestion of the lungs" terminated the lives of six, two of them infants and two octogenarians. "Cyanosis" was responsible for one death, "dropsy" for three, and "hematuria" for one. "Gastritis" is supposed to have caused 15 deaths. The man who diagnosed "hepatitis" in an infant under one year of age deserves a gold medal. "Rheumatism" is blamed for six deaths, and "stomatitis" for one (in a person over 30 years of age). "Tumor of the abdomen" caused one death; "tumor of bowels," 1; "tumor of neck," 1; "tumor of ovaries," 1; "tumor of sacrum," 1; "tumor of throat," 1. What kind of tumor?

A word as to the tabulation of the causes of deaths. It is not expected that the secretary, who is a layman and whose experience is of a short duration, should be able to make a correct classification of the causes of death. All he does is to put down whatever cause is given by the attending physician. This is well enough for the original record, but when it comes to a tabulation of these causes, judgment should be exercised in grouping them. This can be done only by a physician, and it should be the duty of the physicians on the Board to revise the tables. Thus "Bright's disease" and "nephritis" should be placed under one heading, unless, of course, it is possible to discover from the records whether the nephritis was interstitial or parenchymatous, while "uremia" certainly belongs under nephritis. Were this done, we would find that nephritis caused not 66 but 103 deaths. "Cancer of the bowels" and "cancer of the intestines" means the same thing. "Cholera infantum," "gastritis" and "gastro-enteritis" in infants were probably intended to mean the same cause. "Hemorrhage, post partum" and "hemorrhage,

puerperal" are, of course, synonymous. "Inanition," "malnutrition" and "marasmus" are only different terms for the same disease which, by the way, is tubercular. "Paralysis" is only the English of "paresis." In showing the most prevalent cause of deaths the secretary attributes to tuberculosis 121 deaths, whereas if he would take all the tuberculosis deaths together the number would reach 139. Similarly, instead of 130 deaths from pneumonia, the number would reach 200. And with this number of deaths before us we may pertinently ask how many of these supposed pneumonias were tubercular?

If statistics mean anything at all they should be as nearly accurate as possible, or it becomes merely a waste of printer's ink, to say the least.

THE STATE BOARD OF HEALTH BULLETIN.—The State Board of Health has come out with a quarterly bulletin "to take up such material as will aid the sanitary welfare of the State." The bulletin is of seven pages and contains among other items of information a tabulated statement of specimens examined in the laboratory. We learn that for the first three months of this year 525 specimens were examined. Of these 130 were sputum, 72 were blood for the Widal test, 33 were cultures for diphtheria, and 290 were miscellaneous. We venture the assertion that three times the number of specimens would have been examined were the laboratory located in Wilmington. The laboratory is not doing all it can because of its unfortunate location, and it is a waste of money to maintain a laboratory at an annual expense of three thousand dollars, when it does not serve all of the physicians of the State. It makes but little difference to the down-State doctors where the laboratory is located; they have to send their specimens anyway. On the other hand, it makes quite a difference to the hundred physicians of Wilmington, who should not be put to the expense and inconvenience of sending specimens and waiting for one to two days for the report. The Wilmington doctors, after all, are in the majority.

CARELESS DIAGNOSIS AND QUACKERY.—Many a testimonial which forms the quack's stock in trade is based on a wrong diagnosis often carelessly made. "Bright's disease," "rheumatism," some severe affection of the stomach, liver, lungs or other organ is diagnosed on the first visit, without a careful examination, and frequently on the suggestion of the patient or his friends, and the patient with the label of a fatal disease on his mind eventually resorts to a patent medicine or quack and is relieved of his trivial affection. To him,

however, it was a case of an incurable disease, and he gleefully proclaims the wonderful "cure" for the benefit of others. There are two things we must impress on our patients: First, a diagnosis is essential to proper treatment; second, the human machinery is too complicated to enable us to make a diagnosis on a superficial examination,—each case must be carefully studied. It is passing strange: A lawyer will take his time to study a case, and the client will pay the money as a matter of course. A machinist will turn the automobile engine inside out before he locates the trouble and we pay for his time, but the doctor is expected to possess an intuition and insight which are almost superhuman. Is not this because for a long time the doctor wore the mantle of witchcraft and pretended to be possessed of supernatural faculties. In the eyes of the layman, even the educated and cultured, the doctor is still a sort of magician possessed of secret power over disease, even if not in league with the devil. It is well nigh time to get the public to realize that we are human, aye, human enough to expect remuneration for our services.

The Druggists and the Fakers.—By their association with "expert" fakers some druggists in this city have forfeited any title to respectability or the slightest claim to the support of the doctors. Druggists who could sell their consciences are not fit to fill doctors' prescriptions or dispense drugs of any kind. The same principle which made them sell out to fakers will actuate careless compounding, substitution, or the dispensing of inferior drugs. We should make these points clear to our patients when we request them not to trade with the druggists-fakers.

Plain Speaking on Sanitary Matters.—As the education of the public progresses in sanitary matters, the tendency to criticize officials responsible for conditions that are not as they should be becomes more pronounced. This is a hopeful sign, and means, inevitably, improved conditions. As examples of plain speaking on these matters, two instances may be cited. The headline over an article in a daily paper published in a large western city reads: "One More Baby's Life Forfeited to the Game of Politics." The article contains an account of an epidemic of scarlet fever which was traced to a certain dairy. It specifically attributes the death of a 5-year-old child to the milk from this dairy, and goes on to say: "The milk inspection department, during the time that a milker at the farm was developing scarlet fever, was playing politics. The inspectors were out soliciting votes among such of the dairymen as lived within

the city limits, and had a vote May 21. On their shoulders is laid the blame for the infection spread through the city." The other instance also concerns the milk-supply, this time in a large eastern city. The chief inspector of creameries of the State Board of Health made an inspection of creameries and dairies in the city and found only three out of the twenty-seven that were up to the standard. He stated to the local Board of Health that he had no doubt that the impure milk was the cause of the death of many infants, and that if the board did not take immediate action the State board would step in and force the local board to do its duty. With all the agitation and legislation concerning milk it is scarcely possible that milk-producers and distributors do not know the role of impure milk in the production of disease and death in infants. A conscience so defective as to permit such conditions to exist in the face of that knowledge, says the *Journal of the American Medical Association*, requires drastic criticism and vigorous action to penetrate it and get it in a normal working condition. Fearless speaking by the newspapers and the public will surely improve the health situation.

Fraudulent Medicine.—The following editorial from the Public Ledger (July 22, 1912), shows an awakening of the intelligent layman to matters hitherto either ignored or misunderstood, but which are of vital importance to the public that not only pays the piper but also dances to the music:

"The bogus medical institutions which have flourished on the credulity of poor and ignorant sufferers are now having their day of reckoning. Not content with prescribing quack remedies for real ailments, the proprietors of these places have in many instances persuaded their victims into believing themselves afflicted with the gravest chronic diseases, only to be relieved and ultimately cured by long and expensive courses of treatment. Thus, they have sold bushels of worthless pills of colored breadcrumbs or sugar, or even road dust, differing in the hues of the aniline dyes; tney have pretended to 'shoot' pills into the blood by means of a sham X-ray machine; they have operated 'invigorators,' beating a rataplan on the spine. 'Jolliers,' 'sob artists' and lecturers have assisted in the speedy separation of the fool from his money. Startling or bulldozing harangues have been uttered or mailed to those of little faith who showed signs of relinquishing the treatment of the 'professors.' A doctor who took pity and made a sincere effort to cure his patient was sharply reprimanded. In another instance $400 was paid, and more was stolen, from patients who fell into the vulture talons of the medicine men. The charge was made

dependent on the amount of money you had, and your clothes were searched to discover how much this was.

"The medical quack, preying upon the fears of the gullible, has plied a flourishing trade from the dawn of history. There are some persons who have only to be told of a ravaging disease, or to read of it in a book, to be sure they have it. Of these the mountebank takes lucrative advantage. When he is cornered at last there is no sympathy for him; yet it is hard to dispossess his victims of their blind belief. In the present case, by the cleverness of Lieutenant Little and his squad of plain clothes helpers who impersonated patients, a volume of damaging direct evidence has been secured which must lead to the compulsory cessation of the nefarious activities of these remorseless rascals who have made money by their mean and cruel deceptions. The deplorable fact is that these fakers will be driven from Philadelphia only to continue their pernicious activities in other cities where they are unheralded. It will be a long time ere the majority of mankind are sufficiently educated to repudiate the panaceas and lying promises of those who hold out the hope of a cure where 'all others have failed.' "

Miscellaneous

STATE BOARD QUESTIONS.

Tuesday, June 18, 1912. James H. Wilson, M. D.

ANATOMY.

1. Give shape, size and articulations of first and second spinal vertebra.
2. Explain structural formation of cancellated tissue of bone.
3. Explain anatomical formation of dura mater, giving its relation to the cranium and brain.
4. Explain anatomical formation of larynx, with its relation to trachea and bronchial tubes.
5. Give origin and insertion of the paramidales nasi muscles.
6. Give origin, course and distribution of anterior tibial artery.
7. Give origin, course and distribution of right coronary artery.

8. The bronchial or axillary plexus of nerves is how formed?

9. Scarpa's triangle is how formed?

10. Spinal nerves are divided into how many groups? Give name and number of each group.

Tuesday, June 18, 1912. James H. Wilson, M. D.

SURGERY.

1. Explain in detail the technique of the operation for removal of biliary calculi.

2. Explain conditions that encourage tardy or delayed union of fractures in long bones.

3. In the reduction of fractured patella, what dressing or mechanical appliance would you preferably use? Why?

4. Explain the most desirable dressing for a fracture at the acromian end of clavicle.

5. Explain operation for strangulated inguinal hernia.

6. Differentiate prostatic inflammation and acute epidydimitis.

7. Differentiate acute conjunctivitis and incipient ophthalmia.

8. What tendons are severed and what mechanical appliance necessary for the relief of congenital talipes varus?

9. Describe Teale's method of amputation of fore arm.

10. Give in detail the method of operation for ligating poplitial artery.

Tuesday, June 18, 1912. William Wertenbaker, M. D.

PHYSIOLOGY.

1. What are the essential differences between animal and plant life?

2. What locations in the human body is ciliated ephithelium found, and what is its principal function?

3. Give the percentages of O. CO^2 and N in arterial and venous blood respectively.

4. Describe the mechanism of normal respiration.

5. Name the kinds of foods which furnish our proteids, and tell what part they play in the human economy.

6. Name the digestive ferments, or enzymes, and give briefly the function of each.

7. Give the muscular and nervous mechanism of defecation.

8. Describe the process of urine formation.

9. Trace a voluntary motor impulse, causing flexion of the index finger, from cortical centre to termination.

10. Discuss the function of the thyroid.

Wednesday, June 19, 1912. P. S. Downs, M. D.

HYGIENE.

1. Give views, concisely, of habitations and homes—as to site, foundation, sleeping apartments, floor and wall coverings, screening, ventilation, heating, plumbing and drainage.

2. What precautions would you take in vaccination?

3. What personal prophylaxis should physicians take as carriers of infection?

4. What affections of domestic animals are communicable to man; and what diseases are produced by infected meat?

5. Differentiate infectious and contagious diseases.

6. What diseases are produced by the bite of infected mosquitoes; giving the name of each species of parasites.

7. What means and methods would you use to prevent the contraction and spread of *typhoid fever?*

8. How would you manage, hygienically, dietetically and therapeutically, a case of tuberculosis at home?

9. Give in detail your plan of isolation and quarantine.

10. What disinfecting methods would you adopt and what disinfectants would you employ toward the limitation and eradication of all contagious diseases?

Wednesday, June 19, 1912. G. Frank Jones, M. D.

MATERIA MEDICA.

1. Describe the symptoms and outline the treatment in a case of poisoning by acetanalide.

2. Name and give the doses of the official ammonium salts.

3. Into what classes are emetics divided? Name two drugs of each class and one that belongs to both classes.

4. Describe the physiological action of caffeine.

5. Name the preparations and doses of belladonna and tell of its physiological action on the circulation.

6. What is diastase? What power or property has it?

7. Name three intestinal antiseptics giving the dose of each.

8. State fully the physiological action of ipecacuanha.

9. What per cent. of arsenic in the liquid preparations? Name them.

10. Name the general anaesthetics and discuss their comparative merits.

Wednesday, June 19, 1912. G. Frank Jones, M. D.

THERAPEUTICS.

Describe the therapeutic uses of the following:

1. Veratrum.
2. Cascara Sagrada.
3. Chloride of iron.
4. Nuxvomicae.
5. Oxygen.
6. Digitalis.
7. Adrenalin.
8. Urotropin (Hexamethylenamina, U. S.)
9. Local applications of cold.
10. Arsenic.

Wednesday, June 19, 1912. P. S. Downs, M. D.

CHEMISTRY.

1. What is the average composition of normal urine?
2. How are acetone and diacetic acid revealed in the urine?
3. What is the practical import of their presence?
4. Of the several protein compounds found, at times, in the urine, which is of greatest pathologic import?
5. What are the most reliable tests for its detection?
6. Give symptoms and treatment of Sodium Hydroxid on "concentrated lye" poisoning.
7. Differentiate, symptomatically, arsenical and strychnia poisoning giving antidotes and treatment of each.
8. Define, clearly and distinctly, ptomains and toxins.
9. Give symptoms of mushroom poisoning with its physiologic antagonist and antidote.
10. Name three important Halogens; why are they so called?

Thursday, June 20, 1912. Henry W. Briggs, M. D.

OBSTETRICS AND GYNECOLOGY.

1. How does the anatomy of the female pelvis differ from that of the male? What is the obstetric significance?
2. Name the positive and doubtful signs of pregnancy at the sixth month. What conditions would simulate pregnancy at this period?
3. What is placenta previa? Name varieties and various methods of treatment.
4. What do you understand by the mechanism of labor? Give stages of mechanism in left occipito-anterior presentation.

5. What are the indications for Cesarean section? Why is the mortality from this operation much less than in former years?

6. Name the indications and the contraindications for the use of the obstetric forceps. In simple uterine dystocia how long would you wait before applying the forceps?

7. Differentiate hysterotomy from hysterectomy and give indication for each.

8. Describe and illustrate a simple plastic operation for repair of a lacerated perineum.

9. Mention every method you would employ in the care of premature infants.

10. What is the average length of a normal pregnancy? Give rule for determining, approximately, the date of labor.

Thursday, June 20, 1912. Henry W. Briggs, M. D.

PRACTICE OF MEDICINE.

1. Describe the sanatorium treatment for tuberculosis, giving your ideas as to location, equipment, diet, etc.

2. Give treatment of typhoid fever, including prophylaxis.

3. Differentiate cholecystitis from cholelithiasis. In which is surgical interference most liable to become necessary.

4. Give period of incubation, symptoms and treatment of scarlet fever.

5. Differentiate variola (small pox) from varicella (chicken pox).

6. Define and give treatment of acute gastric catarrh.

7. Differentiate gastric from intestinal indigestion. Give treatment of each, especially dietary.

8. Etiology, symptoms and treatment of cholera infantum.

9. Differentiate chronic Bright's disease from diabetes mellitus. Give dietary treatment of each disease.

10. Give varieties, symptoms and treatment of muscular rheumatism.

At the State Board Examinations held at Dover July 18, 19 and 20, 1912, the following physicians were granted orders for licenses upon recommendation of the State Society Board of Examiners:

Dr. David S. Brachman, Philadelphia, Pa.

Dr. Blinn A. Buell, Windsor, Broome Co., N. Y.

Dr. J. Rulon Dare, Cresson, Pa.

Dr. Arthur D. Gary, Camden, N. J.
Dr. Emelie C. Jamison, Hartsville, Pa.
Dr. Edward H. Jones, New York City.
Dr. Harrison M. Manning, Lewes, Del.
Dr. Daniel W. Nead, Buffalo, N. Y.
Dr. Joseph F. Shanahan, Buffalo, N. Y.
Dr. Daniel A. Smith, Wilmington, Del.
Dr. Edward M. Smith, Central Bridge, N. Y.
Dr. Jason N. Smith, Wilmington, Del.
Dr. Robert W. Tomlinson, Wilmington, Del.
Dr. E. Clifton West, Georgetown, Del.
Dr. William W. Workman, Lenape Place, Pa.

Reciprocity:

Dr. George I. McKelway, from New York.
Dr. John R. Elliott, from Maryland.
Dr. Walter S. Hargett, from Pennsylvania.
Dr. Charles J. Roberts, from Pennsylvania.
Dr. Emory E. Bell, from Maryland.

Upon recommendation of the Homeopathic Board:

Dr. John Lee Fisher, Wilmington, Del., by examination.

Reciprocity:

Dr. Walter P. Robinson, from Pennsylvania.

MEDICAL CLUB EXCLUDES LODGE DOCTORS.—At a meeting of the board of directors of the Medical Club of Philadelphia it was enacted that the board of governors should not recommend any person known to be engaged in lodge practice and that he shall be considered ineligible to membership in this club.

Similar action was recently taken by the Medico-Legal Society, so that the club doctor is now practically excluded from all Philadelphia medical social functions.

PROPHYLAXIS AND TREATMENT OF POST-OPERATIVE RETENTION OF URINE.

By Frank C. Yeomans, M. D., of New York City, N. Y.

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31x3 1-2	15.55	4.65	36x4	26.00	6.95
32x3	12.75	3.60	32x4 1-2		7.65
30x3 1-2	14.90	4.55	34x4 1-2	30.85	8.15
31x4	20.85	6.10	35x4 1-2	33.10	8.35
32x3 1-2	16.20	4.80	36x4 1-2	35.25	8.55
34x3 1-2	18.40	5.10	37x4 1-2	37.30	8.80
36x3 1-2	20.00	5.35	34x5	37.45	9.55
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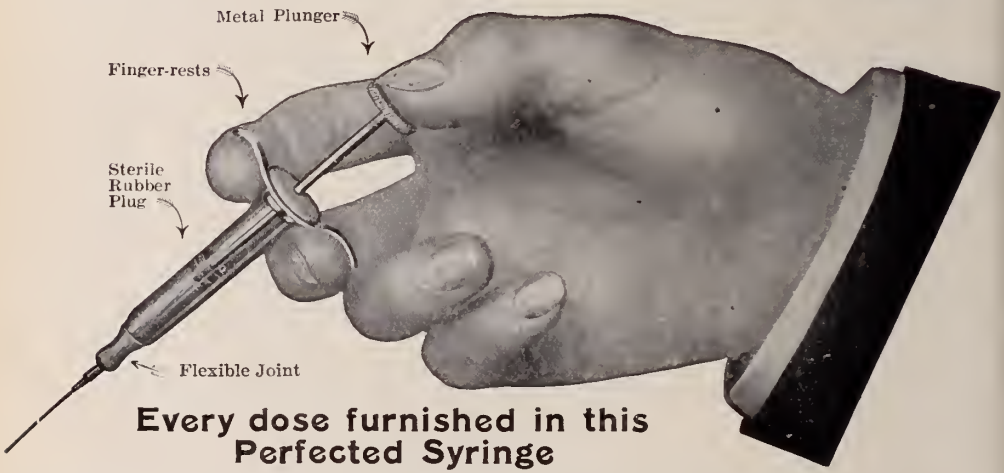

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Member of Delaware State Tuberculosis Commission, member Board of Directors and Chief Physician to the Continental Life Insurance Co., for many years was member of the Delaware State Examining Board, member of Staff Delaware Hospital, Ex-President Wilmington Board of Health

A physician should give timely notice of dangerous manifestations of the disease to the friends of the patient. He should neither exaggerate nor minimize the gravity of the patient's condition. He should assure himself that the patient or his friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.—*From the Proposed Revision of the Principles of Medical Ethics*

Delaware State Medical Journal

Anodynes and Oxytocics in Labor

By von Dr. I. Richter.

(Translated from the Wiener Klinische Wochenschrift, No. 13, 1912, by Dr. William H. Kraemer.)

The first part of this work contains the results obtained with anodynes (Pantopon, Pantopon and Skopolamin, Modiskop). We will begin with pantopon, which Prof. Sahli, in 1909, recommended as an excellent anodyne and hypnotic. This preparation contains the total alkaloids of opium in a soluble form and, according to clinical experience, in addition to its rapid action, can be given subcutaneously, and has the advantage over morphine and opium in that the disagreeable symptoms of vomiting, constipation and the stage of nervous excitement are in many cases entirely absent or occur in a much milder form.

From observations made by biological experiments, Rodaris has shown that in addition to the rapid anodyne and hypnotic effects, this drug possesses antiperistaltic properties. It was perfectly clear that this preparation with its useful properties would be tried in many diseases. A glance through the literature therefore will show valuable results obtained with this preparation. Some authors emphasize especially the slight after effects of this remedy.

We may refer to the work of Hallervorden, E. Grafenberg, Pertik, Heimann, A. Ewald, etc. These authors treat of the anodyne properties of this remedy and its slight untoward effects, suggesting its use as an aid in childbirth, to alleviate labor pain, a long sought remedy which would harm neither mother nor child and would be the means of rendering childbirth more or less painless.

O. Jager tried pantopon subcutaneously, in doses of 1 c.m. of a 2% solution, in twenty labor cases during the stages of dilatation and expulsion.

The effect after one-quarter to one-half hour, however,

was not the same in each case, as in six cases no distinct influence on the labor pains could be noticed.

In several cases, in order to get any effect, he was obliged to give a second injection. But this did not appear to be indifferent to the child.

Likewise, in only three out of ten cases could E. Aulhorn observe an amelioration of pain, showing at the same time a slowing of uterine contractions. W. Kalde achieved in seven out of ten cases temporary alleviation. In the other three cases no results whatever were obtained.

From the above investigations it is evident that the results obtained with pantopon are uncertain.

We will now compare our cases. The pantopon used was from the firm of Hoffmann La Roche & Company, in ampulles of 1.1 c. m. of a 2% solution, given us complimentary for experimental purposes.

In 21 cases a dose of 1 c. m. was given hypodermically. The selected time for prim and multipara was towards the end of the dilatation period with the cervix open to admit three fingers, because we observed that the effect, especially in the primipara, disappeared before the end of birth, when the injection was made at the beginning of dilatation. In some cases the remedy was also employed in the stage of expulsion. This remedy was resorted to only in those cases in which very severe pain was complained of, associated with restlessness, and in which there were no complications, such as justominor pelvis, placenta praevia, abnormal presentation, etc.

The effect of this preparation appeared within 10 to 25 minutes, lasting for several hours. The women became quiet, passing into a sleep-like condition, from which they were aroused by the return of pains accompanied by uterine contractions which were well assisted. With a few slight groans they again passed into a sleepy state. They responded when called, and, when asked if the pain disappeared or diminished, replied, in most instances, that the pains had let up and all they felt was a dragging and pressure in the perineum. In no instance was pain entirely absent or was the delivery of the head painless. However, these subjective and objective effects were not observed in all cases, while in five cases there was no effect whatever. Among the latter were three in which a second injection of 0.5 c. m. of a 2% solution was made. These five were primipara. It so happens that most of the failures in the experience of Jager and Kolde were also in primipara. This is due perhaps—aside from individual peculiarities—to the fact that the stretching of the soft parts (vagina, introitus) not dilated by a previous birth occasions in some cases such

severe pain that this remedy cannot relieve even in large doses.

The duration and intensity of the pains were not influenced by pantopon, while the pause between pains was lengthened, bringing about prolongation of the labor. This was also shown by Aulhorn. No impairment of abdominal pressure was observed.

(To be continued.)

Hemophilia Complicating Typhoid Fever

By H. J. Simmons, M. D.,
Resident Physician, Delaware Hospital

Hemophilia is a predisposition toward the occurrence of severe hemorrhage resulting from some trivial cause, which disposition seems to have been inherited from ancestors, manifesting the same peculiarity known as "inherited hemorrhagic diathesis" or "hemophilia."

Hemophilia is transmitted from the mother as a rule. The male children manifest the disease but do not transmit it. The female children on the other hand do not show any evidence of the disease, but transmit it to their children. No satisfactory explanation has been offered for this congenital affection. Wright has shown the calcium salts to be below normal in some bleeders, while hemostatic agents control the bleeding in some.

In addition to the dangers from traumatic hemorrhage hemophilics are peculiarly liable to hemorrhage from the kidney when it is apparently normal even when submitted to a microscopic examination.

Blair has collected a number of cases of typhoid with multiple subcutaneous hemorrhages. Hemorrhages into the stomach and intestines are not so common without some manifest lesion.

In a case of typhoid fever admitted to the Delaware Hospital, the evidence of hemophilia developed during the attack. The patient, J. G., aged 15, was taken sick on January 30, 1912. Diagnosed "typhoid fever" by Dr. Willard Springer, and was sent to the hospital on the fifth day of the disease. On going over the case and inquiring into his earlier symptoms, we found that he had the usual symptoms of typhoid including expistaxis.

On admission, the temperature was 102, and for about a

week did not range above 101, throwing some doubt on the real nature of the case.

A Diazo test of the urine was positive, a Widal was not made.

On the eighth day of admittance, the patient had a severe chill, temperature rising to 106.2 by axilla, falling again to 99.3. In six hours patient had another chill. He was put on small doses of quinine. The next day he developed epistaxis from the right nostril, which was slight at first and supposed to be due to the quinine, which was discontinued. But when simple measures did not control the bleeding, I made inquiry into the past history, and found that the boy had had attacks of nose bleed after getting warm from exercise, or from picking his nose. These attacks would last from 10 to 15 minutes. He would bleed quite profusely. When he cut himself slightly he would bleed freely and the bleeding was hard to stop.

We then realized that it was no ordinary case of nose bleed. The nasal cavity was packed with gauze saturated with 1-1000 adrenalin. Calcium chloride and Tr. Ferri chloridi were given internally. The bleeding did not cease.

On the second day, Dr. J. A. Ellegood was called in, the nasal cavity was examined thoroughly, and the bleeding found to be a general oozing from the mucous surface. The surface was then cauterized with nitrate of silver crystals, packed with gauze saturated with Tr. Benzoin Comp., and left until the next day. The results were as before, and in addition, the urine now showed a very deep port wine color, indicating a severe bleeding from the kidneys. There was no blood in the stools.

The patient at this time was swallowing the blood that ran down into his nasopharynx, vomited quite frequently, and was getting very weak.

Dr. Ellegood then advised the use of horse serum. We were unable to obtain the serum at the time, so diphtheria antitoxin, 2,000 units, was injected. Within six hours 1,000 units more were given, and in a few hours the bleeding lessened.

The next morning 20 c.c. of horse serum was given. Within six hours the bleeding from the nose ceased, and within 48 hours the urine was free from blood. The patient gradually gained in strength. The temperature fell gradually and was normal on the twenty-fifth day.

As to the serum treatment of hemophilia it may be stated that the serum from human blood or from the blood of a horse or rabbit may be used.

Dr. Welch states that the beneficial action is probably

due to the nutritional effect of serum on the endothelium of the blood vessels.

Normal serum may be used hypodermically, intravenously, by mouth, and locally, dosage ranging from 20 to 80 c.c. The hypodermic or subcutaneous route should be preferred, unless the condition is urgent, and then the intravenous method may be used.

Personals

Dr. George W. K. Forrest, of Wilmington, married Miss Mary Amelia Groff, of Lancaster, Pa. Miss Groff is a graduate of the Homeopathic Hospital, and since her graduation has been following the vocation of nursing. Immediately after the ceremony Mr. and Mrs. Forrest left for a ten days' trip to Niagara Falls and various points in Canada.

Dr. Harold Springer traded his Cole for a new Marion runabout. It is a red streak and perhaps an appropriate color for a surgeon.

Dr. S. Rumford is spending several weeks motoring through the New England States.

Dr. R. E. Ellegood is spending a month with his parents.

Dr. J. S. Ellegood returned from a trip to the Pacific coast.

Dr. J. A. Draper is spending a week at his cottage in Atlantic City.

Dr. Joseph P. Wales is on his vacation at the seashore.

Dr. H. J. Stubbs has returned from a month's vacation at the seashore.

At the International Congress of Hygiene and Demography, Wilmington will be represented by Dr. J. Adair, as delegate from the City Board of Health, and Dr. A. Robin, as delegate of the American Public Health Association.

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THE DOCTOR IN POLITICS.—The opportunities of the physician to get into politics and hold public office are perhaps greater than that of any other man. He comes in most intimate contact with a large number of people representing all sorts and conditions. If successful in practice, he is generally very popular, and his frequent opportunities to do favors to John, Smith and Harry tend to increase his popularity. The families to whom he has endeared himself by services extending through several years, and often through two generations, soon regard him as their own, and take particular pride in his advancement. "Call *my* doctor," or "why don't you see *my* doctor," are frequent expressions among people of the lower classes. He becomes, as it were, a member of many families, and if he runs for a public office there is a personal element injected into the campaign which is hard to defeat. The women take a hand in it and help to elect "their" doctor, who has stood by them through the agonies of childbirth, who "pulled" their Jimmies through attacks of measles and scarlet fever, and diphtheria and what not. Many of the voters, sometimes hundreds of them, have known this doctor from the time they could know anybody. He has quieted their colics and he has physicked them and he has sweated them, and, later in life, has helped them in their troubles. No wonder, then, that a popular doctor finds no difficulty in defeating his opponent for such offices as Mayor, Representative or State Senator. Once in office, a strange thing happens. Instead of bringing in with him the traditions of his profession, the special knowledge of

public requirements, the intelligent appreciation of the needs of public health, the high-mindedness and broadness of an intelligent citizen,—in short, instead of representing the highest ideals of his profession, he leaves the doctor behind and enters as a mere politician, not a bit different from the other politicians who infest our public offices and who have made our municipal government a by-word of shame and reproach. One would imagine that any administration with a doctor at the head would be distinguished by some distinct efforts at improving the public weal; but, no! doctor-mayors and doctor-representatives, and doctor-congressman have come and have gone without ever a ripple on the surface. We see from time to time doctors in public office in various municipalities in this country. Is the public particularly benefited by their administration? Is their record different from that of any ordinary politician? No, in some cases it is not as good. With few happy exceptions, they conduct their office along the same old party lines; they make their appointments in the same old way of political expediency; they advocate no laws looking towards the improvement of public health; they remain silent and indifferent on vital public questions, and they go into obscurity like a meteor that swiftly passes the horizon with a flash and trail of light,—and then total darkness. Some doctors, it is true, have remained in the political arena, but only as politicians, not because of their superior qualifications.

What a pity! Here is an opportunity to represent the medical profession, to deliver a message to the people from the doctors; to show them the interest the doctors are taking in their welfare,—and instead just an ordinary everyday politician!

Our Quarantine of Contagious Diseases.—Sure enough, our quarantine is a huge joke, good enough for a minstrel show. Here is a case of diphtheria on Bradford street, a miserable side street over Third street bridge, in a house occupied by two Polish families, each living in a single bedroom (the other rooms are bare and not inhabited). The children, and there are several of them, sleep in one bed, the little patient included. The Board of Health is notified, and an officer of the law tacks on a card with due solemnity. The card means nothing to the people inside or outside; there is free egress and ingress as though nothing happened. The child received 3,000 units of antitoxin, and in two days is better. It is given the freedom of the house and the street. The placard is on the door, and the patient is outside playing with the other children. And yet, the Board of Health actually believes that fumigation of the room in which the child

was ill is sufficient to prevent further spread of the disease. Why waste formaldehyde? Is it not time for the Board of Health to openly acknowledge their inability to maintain proper quarantine among the ignorant poor, and then the public, knowing the truth, will insist on some better provisions. *Laissez faire* is such a convenient doctrine!

Typhoid Fever in Newark.—The frequent epidemics of typhoid fever in Newark call for an exhaustive investigation and a prompt remedy. We are of the opinion that most of the typhoid is carried by flies. In the absence of a general sewerage system the excreta are deposited either in shallow pits or, in the poorer districts, on the ground. A few individual wells may thus become contaminated, but it is more than likely that the contamination is transmited by flies. A satisfactory sewerage system would seem to be the only rational solution. We think that the State Board of Health should take a hand in the matter, and persuade the town to install a satisfactory sewerage system.

The "Tona Vita" Victory.—The "Tona Vita" dopers, aided and abetted by the venal press of our city, had a short stay in Wilmington. The doping of the people with cheap whisky and blatant lying about the panacea went merrily on until Drs. Phillips, Briggs and Bastian got on their track and haled the gold brick "specialists" before the magistrate. It got too hot for them and they speedily departed, forfeiting their bail of $200. The doctors deserve credit for ridding the city of the pest. Incidentally the power of the press for evil was again demonstrated by the collusion between the fakers and our local dailies. We say "dailies" because The Sunday Star was not a party to the deal. The time is fast approaching when our newspapers will no longer be able to use the cloak of "business" to cover up their venality. Stealing, in a way, is a "business," and yet any one who aids a thief is accessory after the fact. Advertisements are supposed to be truthful, or else there would be no value in advertising. If people are expected to doubt the advertisement why should they read it. As a matter of fact the readers of newspaper advertisements do believe the statements made, and any advertisement that is fraudulent is as much a reflection on the honesty of the newspaper as any false statement in the reading columns would be. Let us hope that the disgraceful "Tona Vita" experience will sober up the editors and the owners of our daily newspapers and bring them to the realization of their responsibility in the matter.

A Medical Hero.—The following editorial appeared in a recent issue of the Evening Journal:

"Dr. T. B. McClintic did heroic and self-sacrificing work in the Bitter Root Valley, Montana, to stamp out the Rocky Mountain spotted fever, which had wrought such havoc there. When directed by the officials of the public health and Marine Hospital service to go into the valley and combat the deadly disease, he did it without hesitation or thought of self. So successfully was his work prosecuted that this year not a single case developed there until the one which caused his own death. It is eminently fitting that Senator Meyers of Montana, should call public attention to the heroic work and death of Dr. McClintic by offering in Congress a bill for the payment of $5,769 to the doctor's widow. That amount is equivalent to two years of the doctor's salary. That is not an exorbitant gift to the widow of a man who gave up his life in the public service."

Who was Dr. McClintic? Was he a Christian Scientist, an osteopath, a member of the National League for Medical Freedom? No, he was a physician, like many others who have sacrificed their lives for humanity.

Is Not This Awful?—The following news item appeared on the front page of a recent issue of the Evening Journal:

"DELICATE OPERATION SAVES LIFE

Surgeons Find Mr. Keeley's Intestines as Well as Appendix Diseased

SURVIVES SHOCK AFTER THREE DAYS' ILLNESS

Assisted by several Wilmington physicians, Prof. A. C. Wood, of the University of Pennsylvania Hospital, Philadelphia, on Wednesday, performed a delicate operation on Frank Keeley, aged 26 years, of No. 1213 West Third street, at the Physicians and Surgeons Hospital. Drs. A. C. Pyle, Willard E. Smith and I. L. Chipman assisted the distinguished Philadelphia surgeon.

Mr. Keeley was removed to the hospital early in the week to be operated on. His ailment had puzzled the attending physicians, and it was decided, after a study of the case, that the patient was suffering with appendicitis, and preparations were made to operate on him.

Not only did the man have a diseased appendix, but it was also learned that he was suffering from an abscess on the upper bowel which was leaking into the abdominal cavity. Both the appendix and the ulcer were removed, the in-

cision in the bowel being closed with cat-gut. To perform the operation it was necessary to remove the patient's stomach, wash it, and also lay bare the intestines, after which they were returned to their proper place.

Keeley is not yet out of danger, but having survived the operation three days, his physicians are now confident he will recover."

We feel certain that neither "the distinguished Philadelphia surgeon" nor the several Wilmington physicians who assisted him will be particularly elated over this puff in connection with what appears to have been a very ordinary operation for suppurative appendicitis. Is it not time that newspaper reporters be kept out of our clinics, both public and private?

Legitimate Medical Publicity.—Many physicians, in their praiseworthy desire to keep out of the limelight, commit the unpardonable sin of keeping the light under a bushel and leaving the education of the laity in matters of public health in the hands of the ignorant, the irresponsible, or the fakers. Physicians owe it to the public to express themselves freely on all matters of public interest of a medical character. They are entitled to an opinion by reason of their special education and experience, and their opinion would carry weight with the public. A great deal of misinformation which constitutes the layman's knowledge of medicine could be readily dissipated by a slight effort on the part of the doctor, to the lasting benefit of both the laity and the medical profession. But from such publicity to the publication of personal achievements which are of no interest to the public there is a wide chasm which should never be bridged.

A City Laboratory.—In contending for the establishment of a laboratory for the use of the Board of Health, Dr. Adair, president of the board, said that outside of attending to the complaints received about the collection of garbage and having this attended to, having houses connected to the sewer and ordering the weeds cut from lots, the Board of Health office is but a fizzle.

We always felt it was, but were ashamed to say it.

The Coming State Meeting.—The annual meeting of the State Medical Society will take place in Wilmington, the second Tuesday in October. An interesting program is being prepared. Two papers, one by Dr. Jones, on "Rheumatoid Arthritis," and another by Dr. Jenkin on "Salvarsan," are already promised, and our down-State scribes still to be

heard from. Need we urge that all, who possibly can, come to the meeting? Need we plead with the doctors from a distance to make some sacrifice and come? Need we ask all to come and join in the discussions? Political conventions are largely attended, and yet to us our deliberations are as important and far-reaching as the election of candidates and the building of platforms are to the politicians. Granges have full meetings, and yet the raising of children is at least as important as the raising of calves and pigs, and the discussion of diseases of men as vital as the discussion of plant diseases. Each doctor in the country paddles his own canoe, meeting problem after problem which he cannot solve, wondering often whether his neighbor has met similar difficulties and how he has overcome them. Why not get together and find out? And what about the purely social side of our gatherings? Is it not worth while to meet an old friend once a year and have a chat, or make a new friend? Is it not worth while to get together in a brotherly conclave and inincrease our strength by a firmer union? Let us see how many will come for their own sake, for the sake of the profession of the State and for the sake of the people whose welfare depends so much on the character of the doctors.

Don't Let Your Wife Read This.—An amusing agreement came to light during the divorce suit brought against Dr. Robert P. R. Huyett, of Reading, Pa., by his wife.

When they were separated in 1905 and returned to each other, an agreement was signed by the doctor, who is prominent in local politics, promising many things which his wife claimed would make her life more pleasant. The agreement was:

"Whereas, owing to differences between us, my wife and I have lived separate and apart since March 3, 1905, and I have repeatedly requested my wife to permit me to come back to her home and live and cohabit with her as dutiful husbands ought to do, and she has consented to permit me to come back upon certain conditions, which I hereby agree to.

"I will not hereafter occupy any part of the house as an office for the purpose of practicing my profession, nor will I affix any sign thereto advertising my professional business without her consent.

"I will sell and dispose of my horse and carriage as soon hereafter as I can advantageously do so.

"I will be regular and punctual to all my meals when not out of the city attending to business, in which event I will advise my wife before I go so that she will not need to wait for me.

"I will not remain out at night after 10 o'clock unless it

is unavoidable.

"I will not make love to any other woman and I agree strictly to fulfill all my marriage vows.

"I will at any time hereafter when requested sign such deeds or instruments of writing as may be necessary for the purpose of conveying title to the real estate of which my wife is seized.

"I will not in any way misbehave myself or fail to carry out the above conditions, and I agree to leave her house and home, and renounce my right to any part of her estate should I at any time violate any of the above agreements."

The agreement was in effect until 1909, but according to the testimony of the wife it was not giving perfect satisfaction. She complained that her husband paid too much attention to politics and tried to get his own meals when he came home late and had the kitchen all disarranged. She said that trying to win back his love was about like casting pearls before swine.

In his testimony the doctor denied most of the wife's allegations and particularly that he had ever struck or kicked his wife. When she tore down his professional sign he became angry and admitted that they had quarrels.

We extend our hearty congratulations to Dr. Forrest, who recently joined the Order of the Benedicts. Misery loves company.

Letters to the Editor

August 10, 1912.

Editor Delaware State Journal:

Mr. Donaldson has forwarded to me an "ad" appearing in the Evening Journal in connection with Samose, which I certainly did not authorize.

I remember that recently I carefully "blue penciled" a number of "ads" from the proprietors of this preparation and cut out fully one-half of them for obvious reasons such as is contained in this one.

I am today writing to the Evening Journal prohibiting the appearance of this or similar "ads" and as soon as I return to Wilmington I will carefully go over the "copy" which they may have.

Very truly yours,

N. B. DANFORTH.

Miscellaneous

The following communication from Dr. Briggs appeared in The Sunday Star:

Editor of The Star, Dear Sir: A recent issue of the New York Sun, under the heading, "Picturesque Fakirs With Brand New Schemes," gives an illustrated and sensational account of the closing up of the fake Carnegie University and its affiliated sister, the National Institute of Mechano-Therapy of New York.

This article gives full credit for this excellent work to the New York authorities and especially to Chief Post Office Inspector Dickson of the New York office.

The real credit for closing up this fraudulent diploma mill belongs to Post Office Inspector M. S. Plummer and District Attorney John P. Nields of this city. An attempt was made to reach these imposters through the Attorney General's office, but owing to the fact that the charter, granted by the State of Delaware, gave them the right to grant degrees and do numerous things mentioned in their fake advertisements, the State was powerless to interfere or even close their doors.

The matter was then referred to the post office authorities, sufficient evidence readily secured and the case sent to the New York office for prosecution. After laying dormant for nearly a year the case was, through the efforts of Mr. Plummer, transferred to the Wilmington office and within a short time followed the arrest of the alleged president and secretary and their subsequent forfeiting of $6,000 bail to the United States government and becoming fugitives from justice.

The medical profession of Delaware wish to thank Mr. Plummer and Mr. Nields for their efficient work.

H. W. Briggs, M. D.,
Secretary Medical Council of Delaware.

Wilmington, August 31, 1912.

Transactions of Medical Societies

American Proctologic Society, June 3-4, 1912

ANO-RECTAL DISEASE DUE TO VENEREAL INFECTION.

By James A. McVeigh, M. D., of Detroit, Mich.

Venereal disease is an important factor in the etiology of disease in all parts of the human system. Regional relationship of genital organs to anus and rectum render the latter especially prone to this kind of infection. Venereal disease of anus and rectum either direct, through practice of vicious habits, or indirect, or accidental, through extension of infection to these parts from other sources. Less direct infection of this nature in this than in foreign countries. Gonorrhoea, chancroid and syphilis, the principal venereal factors in ano-rectal disease. Description of symptoms, diagnosis and treatment of these conditions when appearing in disease of the rectum and anus. Report of a case.

FURTHER OBSERVATIONS ON PRURITUS ANI: ITS PROBABLE ETIOLOGIC FACTOR BASED UPON ORIGINAL RESEARCH.

By Dwight H. Murray, M. D., of Syracuse, N. Y.

This paper was a continuation of the work that he has been engaged in for the past two years and which he presented to the American Proctologic Society, at the Los Angeles meeting, in 1911.

From his experiences, since discovering that a skin infection is the important factor in pruritus ani, he believes that we are now in a position to state that there may be two varieties of pruritus ani; one that may be coincident with some of the diseases of the rectum and in which the skin infection is not present. He designates this form as pruritus ani simplex; the variety, which is chronic in its character, and, in which the skin infection is present, he designates as coccigenous pruritus ani.

He states that he is continually seeing patients who have all varieties of rectal diseases, including chronic diarrhea and proctitis, in many of which, there is a leakage of moisture upon the anal skin; in very few of these cases does he find pruritus ani, and he believes that when it is present, it is coincident rather than having been caused by these discharges occurring in various rectal diseases.

He gives a resume of an examination of 900 consecutive cases, in which he finds 490 cases of constipation, 369 of hemorrhoids, and 94 of pruritus ani. Of the 94 cases, which

gave a history of pruritus ani, he finds that 5.5% of the 900 cases examined who had pruritus ani were constipated; 2.3% had hemorrhoids; 1.2% had some form of anal growth; 2.2% had ulceration; 2.5% had diseased crypts; 1.3% had hypertrophied papillae; .03% had polypi; .03% had fistulae. He believes that the relatively small percentage of each of these conditions that were present in the pruritus ani cases, show that they were coincidental when present and could not be classed as causes of pruritus ani.

Thirty-two of these 94 pruritus cases have been examined bacteriologically by him and all of them showed streptococcic skin infection as the predominating condition.

He believes that the excess moisture and the infiltrated condition of the skin in these cases, is due to the low grade inflammation caused by skin infection and is not the result of moisture coming from the inside of the anal canal.

He presented photographs of petri-plates, of a typical case, showing the immense numbers of streptococci at the time of the first examination; another photograph of the same case, showing that streptococci were not present in the culture taken from the anal canal, and another photograph of a petri-plate, of the same case, after four months of treatment (one month after itching had ceased), in which last photograph, no streptococci were present.

He gives a report of his technic in greater detail than in last year's paper, because he has found that the last year's report was not understood by some physicians who had employed his method.

From some reports received he believes that stock vaccines will not give good results because they are made of a different branch of the streptococci family than the one causing pruritus ani.

He gives detailed reports of the cases treated, both of the first and second series, showing very marked improvement in all of the cases and cures, so far as present conditions are concerned, of others.

He presented a series of twelve control cases, having a variety of rectal diseases, that are usually given in textbooks as causes of pruritus ani, none of which had the disease nor did they show a skin infection.

He said that the conclusions of the first year's work still hold true, and he gave the conclusions of his second year's work as follows:

First. It is shown by the nine hundred consecutive cases of rectal diseases, that constipation and hemorrhoids, or any lesion, are coincidental or may be predisposing, but not the exciting cause of pruritus ani.

Second. Even when there is a discharge of pus or other

moisture on the skin about the anus it is not the actual cause of pruritus ani, unless there is a streptococcic or other infection of the skin. They may exist together but are then only a coincidence.

Third. All investigators, in making cultures, should use in addition to the hard media, the liquid media and Gordon's series of carbo-hydrates, if they wish to differentiate the streptococci and other bacteria.

Fourth. Avoid excessive reaction.

Fifth. Use small initial doses.

Sixth. Give subsequent injections only after the previous reaction has completely subsided.

Seventh. He suggests the following change in the nomenclature of pruritus ani, by recognizing two varieties: Pruritus ani simplex and pruritus ani coccigenous.

COLONIC DILATATION (CONGENITAL AND ACQUIRED) AS A FACTOR IN CHRONIC INTESTINAL OBSTRUCTION (OBSTIPATION).

By Samuel G. Gant, M. D., of New York City, N. Y.

The author stated that his experience warrants the belief that both acquired and congenital (Hirschsprung's) dilatation of the colon is fairly common, and that they respond satisfactorily to treatment (usually surgical). He said that non-congenital dilatation of the bowel might result from paresis, gormandizing, digestive disturbances or chronic intestinal obstruction, however caused, and when present, leads to constipation, fecal impaction, distention of the bowel, angulation, twisting and ptosis of the colon. He called attention to the fact that this class of patients suffered much less from intestinal auto-intoxication than persons afflicted with acute constipation. In his cases, the colon completely filled the abdomen, measured from three to many times its normal size, was considerably thickened, characterized by dilated blood vessels and closely resembled an enormously hypertrophied stomach—for which it was mistaken in two instances. He mentioned having personally observed seven cases of Hirschsprung's disease and a still greater number of acquired dilatation, wherein the patients had an evacuation every two or three weeks, following purgation and frequent enemata; except in two instances, that of a young boy, who moved his bowels only once in two months, and, of a young woman, who succeeded in accomplishing this but four times yearly. He said the chief manifestations of the condition were those of chronic constipation and fecal impaction, plus mal-nutrition, abdominal distension, pot-belly, extraordinary length of time between the movements

and very large amount of feces discharged when an evacuation occurred, and that the diagnosis is fairly easy in the presence of the above symptom complex, because, with the aid of inflation and palpation or the assistance of the X-ray, the size and position of the colon can be defined.

The writer maintained that temporary improvement occasionally follows medication and physical measures, which strengthen the bowel or minimize the effects of auto-intoxication consequent upon fecal retention, and that patients may for weeks or years be kept fairly comfortable when given close attention and the bowel is kept open with lubricating oils, laxatives and frequent high enemata, but that a cure is not possible except through one of the following surgical measures, viz:

1. Coloplication.
2. Colopexy.
3. Resection.
4. Intestinal exclusion.
5. Colostomy.
6. Tapping.

He found coloplication effective in both congenital and acquired dilatation, without bowel displacement. Colopexy proved satisfactory where there was ptosis with moderate dilatation, but, in aggravated cases where the bowel was both enormously dilated and markedly ptotic, he advised coloplication and colopexy, using the infolding sutures for suspensory purposes.

He advised resection of all or part of the colon where it was irretrievably large, displaced or bound down by adhesions, and reported a case where the sigmoid flexure, descending colon and left half of the transverse colon were excised.

Exclusion had proven satisfactory, and he reported five cases treated by dividing the ileum near the cecum and completing the exclusion by ileo-sigmoidostomy.

Colostomy was looked upon with ill-favor, because patients strenuously object to an artificial anus, and, a secondary and dangerous operation is required to re-establish continuity of the intestines.

Tapping, he said, deserved no consideration, because it is unscientific, dangerous and ineffective.

In closing, Dr. Gant said that he frequently combined the above operations with appendicostomy or cecostomy, so that through and through irrigation could be immediately established and the period of convalescence shortened. He also stated that colonic exclusion and colostomy were considerably less dangerous than resection, and were usually effec-

tive, since the bowel rapidly contracts after their establishment.

ACUTE POST-OPERATIVE INTESTINAL PARESIS.

By J. A. MacMillan, M. D., of Detroit, Mich.

1. Definition: A paralysis of a portion of the intestine which suddenly dilates and becomes the receptacle for gas and fecal material.

2. Etiology: Not known, but probably due to sepsis, trauma, etc.

3. The lesion is probably in the sympathetic nervous system.

4. The treatment consists of gastric lavage, enemata, and enterostomy.

5. Precautions attending a secondary operation.

INTRA-RECTAL RUPTURE OF SUPPURATING SINUS FROM HIP-JOINT DISEASE.

By Ralph W. Jackson, M. D., of Fall River, Mass.

To meet the difficult problems presented by an unusual case, involving the rupture, internally, into the rectum, and externally, near the anus, of a sinus from a tubercular hip, the writer has sought, by radiographic study, research of literature, and correspondence with proctologic and orthopedic authorities, information as to frequency, pathology and operative possibilities, of such cases; and with the following conclusions:

1. That intra-anal or rectal rupture of a coxitic sinus, occurs rarely but not with extreme infrequency.

2. That such opening, involves probably considerable mixed infection of the joint beyond what would occur if the opening were external.

3. That likewise tubercular infection of the rectum might arise.

4. That intra-anal opening is quite easily treated and much of the mutual risk of infection removed.

5. That intra-rectal opening is in most cases (unless the sinus approaches from low down) too high to turn aside in any way and give an external discharge and consequently the risk must continue.

6. That operating for such purpose is likely to create at once a complete rectal fistula where none existed before, because of the surgical difficulties in the way of securing permanent closure of the internal opening.

7. That it is a very rare and most unfortunate occurrence for such an abscess to point both externally and internally; an external incision should be made, if sure that in-

ternal rupture has not occurred; but avoided, if possible, if it has occurred, because of the fistula thereby created.

8. That whatever the etiology, such a fistula is a particularly troublesome one, and the wisdom of trying to better it surgically is fairly debatable ground.

PRELIMINARY REPORT OF TWO CASES: (A) KELOIDAL TUBERCULOMA; (B) FIBROMATOUS KELOID.

By Alois B. Graham, A. M., M. D., of Indianapolis, Ind.

The writer presented a brief preliminary report of two exceedingly rare rectal cases. Both of the cases are of interest in that they emphasize the following points:

1. A benign neoplasm, involving the peri-anal, perirectal and surrounding structures, may be the end-result of an inflammation of these structures.

2. An inflammation of these structures is due, in a large proportion of cases, to extension from an anal or rectal inflammation.

3. A benign neoplasm may produce a marked deformity of the structures which it involves. (The writer showed photographs of his two cases.)

4. A careful pathologic study is essential for making a correct diagnosis of the neoplasm.

5. A correct diagnosis of the neoplasm can be made, and yet, its etiology remains vague.

A history of the cases was given together with a description of the operations performed. The pathological report shows one case to be keloidal tuberculoma; the other, fibromatous keloid. The first case insisted upon leaving the hospital and was discharged as improved. The second case, that of fibromatous keloid, is still under the observation of the writer. Hence the preliminary report.

In conclusion, the writer stated his object for reporting these two cases. He is firm in his belief that an anal or rectal inflammation was the origin of the diseased conditions presented by these patients. Both cases, therefore, emphasize the necessity for and the importance of rectal examinations. It matters not how slight the ailment may be, a careful inspection of the anus and rectum should be made. If such a rule were followed by every physician and surgeon, such case reports would not be possible.

SOME PRACTICAL POINTS GLEANED FROM THE OBSERVATIONS OF A PROCTOLOGIST.

By Samuel T. Earle, M. D., of Baltimore, Md.

Dr. Earle reported a case of primary tubercular ulceration of the right buttocks, which was not connected with the

rectum by a fistulous tract. In this respect it differed from the one reported by him, in his work, on "Diseases of the Anus, Rectum and Sigmoid," figure 62, page 201. It was excised by the thermo-cautery knife, after which it healed very promptly.

Dr. Earle also reported a very aggravated case of pruritus ani, which had resisted local applications, autogenous vaccines and treatment by the X-ray. Under local anesthesia he found an ulcer over the posterior commissure just above the internal sphincter, which connected on each side with numerous submucous and subcutaneous superficial fistulae which enveloped the entire anal margin and connected with each crypt of Morgagni. The ulcer was incised, the scar tissue, at its base removed, and the fistulous tracts were all opened up. There was only an occasional twinge of itching following the operation, and he made a speedy recovery.

THE SUBNORMAL COLONIC FUNCTION AS A DIATHESIS.

By J. Coles Brick, M. D., of Philadelphia, Pa.

The writer was led to investigate the causes of a persistent case of constipation, which had existed since childhood, and which was of an average duration of seven days, in a young woman of 18, who was in seemingly good health, but whose father having had the same condition, and who had subsequently developed a case of chronic arthritis deformans. The young woman had been treated by many doctors and by many methods, but all without any more than temporary succcess.

Resort was finally made to X-ray examination after giving a bismuth meal. The plates showed that at two points, viz: the cecum and the rectum, the colonic contents remained for three days, and operative measures were decided on. No abnormality was found except an old and thickened appendix, containing three concretions, and the tip being adherent to the ovary. As there were some moderate sized hemorrhoids present, these were removed at the same time as the appendix, and the patient made a good recovery. The X-ray plate showed a very moderate degree of visceroptosis, and a "Storm" belt was ordered. The patient has had a regular bowel movement daily, with the use of a mild laxative, which it had been impossible to produce at any previous time.

Examination of the X-ray plates showed a bilateral calcification of the costal cartilages, which the writer thought was an early symptom of arthritis deformans, and after discussing the various theories of the cause of the disease, accepts the theory that it is a toxic trophoneurosis affecting the

cerebro-spinal nerves, with its infectious focus in the gastro-intestinal canal.

The essayist believes that all cases of persistent constipation should be examined by all the means at our command, and finally, not only the administration of bismuth by the mouth, but by injection, with X-ray examination—conditions requiring operative interference will frequently be found by this means, and corrected surgically.

Arthritis deformans is a most ancient disease, and evidences of many cases are shown to have existed before the pyramids were built, and that it is not only possible but probable that the infection comes from the intestinal tract, and that if the cause is removed early before the destructive changes have occurred these cases can be cured, and even the advanced cases have their progress arrested.

THE X-RAYS AS AN AID IN MAKING DIAGNOSES OF CONDITIONS IN THE RECTUM AND OTHER PORTIONS OF THE LARGE INTESTINE.

By J. R. Pennington, M. D., of Chicago, Ill.

He stated that while the rectum is easily inspected by various specula, and the sigmoid is less readily accessible by the use of sigmoidoscopes, such as the one with insufflation devised by him, the colon is inaccessible and its exact position difficult to ascertain. Very often it is also difficult to determine and locate pathologic conditions in the large intestines.

Until recently, the means of diagnosis have been limited to those used in other portions of the alimentary canal, viz: Inspection after dilatation of the bowel with air or water, palpation, percussion, and trans-illumination. All of these are open to the objection that they are uncertain.

The writer observed in the latter part of 1899, that by introducing some agent into the large bowel which would cast a shadow, the X-rays may become useful in making a diagnosis of conditions in the twin cavities. It is only recently, however, that such procedures have become of practical value.

A bismuth meal is useful in diseases of the stomach or duodenum, the agent being suspended in milk, acacia water, thick soup or some similar vehicle.

But for the large bowl, the action of bismuth per os is very slow. One author estimates that it requires from 12 to 15 hours for the bismuth mixture to reach the ileo-cecal valve; about 24 hours to gain the transverse colon, and 36 hours to penetrate to the sigmoid. By the method advocated this is done, so to speak, instantaneously.

Coming now to the technic: The patient's bowels are first cleansed by means of laxatives and injections. He is then placed in the knee-shoulder position, and from 25 to 30 ounces of the mixture used for casting the shadow injected into the large intestine. For this purpose the author uses an ordinary irrigator and a short rectal tip. A long rectal or colonic tube for administering the injection is unnecessary. After the suspension is injected the patient lies on his right side for a few moments so part of the mentstrum may pass into the cecum. He is then placed in either dorsal or ventral position on the radiographic table and the picture taken.

Motor News for Doctors

Under the Charge of Frank Alderman

To Preserve the Body Finish.—The Thomas Motor Car Company have been experimenting for some time for the purpose of finding a preparation which will preserve the beautiful piano finish of the modern motor car, and Mr. George Fitzsimons, sales manager for the company, has recently given out the formula which has proven successful. The mixture recommended by Mr. Fitzsimons consists of one pint of turpentine, one pint of wood alcohol, one quart of distilled water or rainwater and one quart of paraffin oil. The alcohol and turpentine should be mixed, after which the water and paraffin oil should be added. It will be probably necessary in mixing the latter ingredients to place them in a gallon bottle and shake briskly until the mixture is completed. Then the mixture of alcohol and turpentine should be added. This solution should be applied with the soft side of a canton flannel cloth and polished with a dry cloth.

Filtering Used Oil.—A considerable saving in the lubricant bill for a season can be effected with little trouble by those who care to make use of a simple suggestion. If the used oil which is periodically drawn from the crankcase is placed in a bowl, and if a length of lamp-wicking is so placed that one end will rest in the dirty oil, the other being in another receptacle, clean oil will be conducted by the wick, and the residue consisting largely of dirt, dust and free carbon, will be left behind.

Examine Your Ignition System.—Charles F. Splitdorf has recently made a few suggestions which may save

the motorist many an hour of searching for ignition trouble. Regarding the length of the spark-gap, Mr. Splitdorf advises adjusting this as the manufacturer directs. Too wide a gap has a tendency to cut down the electric current and to reduce the heat of the spark. Should the ignition system upon an old car prove inadequate and use up batteries at an unusual rate, it is a good plan to examine the wiring, particularly that leading to the plugs. If these have become oil-soaked or are so hard that they are filled with minute cracks, a serious leak of current may follow.

Lighting Kerosene Lamps.—It has been discovered that kerosene lamps can be lighted with much greater facility, especially when a high wind is blowing, if the wick is turned about half an inch or more above the top of the burner and then turned down again to its normal height before striking the match. This will not cause the lamp to smoke, but will make lighting a simpler matter, as the kerosene is allowed to saturate thoroughly the top of the wick by this method.

Examine Your Rims.—Especially in the spring, it is necessary to examine rims on which quick-detachable tires are mounted so that there may be assurance that no dampness has entered to remain between the tire and the rim. Unless quick-detachable tire rims are kept in good condition, experience has shown that the removal of the tires may prove a great deal more difficult than with the use of rims with the clincher type. Care should be taken to see that the rims are not allowed to rust and no difficulty will be experienced.

Repairing Cracks in Water Jackets.—Water jackets that are found cracked through inattention when the car is laid up over the winter months can be repaired more easily than one would ordinarily think. A garage proprietor has stated that if the crack is opened out to a V-shape on the outer edge by means of a file, without increasing the opening on the inside and if the edges of the V-shape are smoothed, any of the preparations sold for silver plating being deposited upon them, solder will readily adhere to the smooth surface. A repair of this kind, if carefully done, will be almost unnoticeable. Another method which is somewhat unusual is to clean the crack after having filed it smooth, with a solution of sulphuric acid and water and after washing off this solution, rub the wet surface with copper sulphate, producing a form of copper plating. The cylinder is then heated so as not to chill the solder, which is applied in the usual man-

ner. This repair, if carefully made, will be serviceable for a long time.

The following Wilmington physicians have Ceylon Filler in their tires:

Dr. Henry Spruance, Dr. J. P. Lukens, Dr. J. A. Ellegood and Dr. Irvin Flinn.

Medical Progress

DIAGNOSIS OF CHOLELITHIASIS.—The following three signs have been suggested:

The first two are credited to Dr. J. B. Murphy, the other to Dr. R. Abrahams.

The first is elicited as follows: The examiner, sitting at the right side of the recumbent patient, presses the tip of the second finger of the left hand, flexed at a right angle at its second joint, firmly up under the costal arch at the tip of the ninth costal cartilage. The patient is instructed to take a deep breath, and at the height of inspiration, when the gall-bladder is forced below the costal guard, the flexed finger is struck forcibly with the ulnar side of the open right hand of the examiner, and if there be an inflammation or retention in the biliary tract the patient will announce that the blow caused him severe pain. Murphy calls this "perpendicular percussion."

The second sign is brought out in the following manner: Standing directly behind the patient (provided the patient is able to assume an upright position; if not, the examiner reaches over the recumbent patient from the head), the right hand of the examiner curls up under the costal arch at the tip of the ninth costal cartilage, the patient is requested to take a deep breath, and at the end of expiration the examining fingers seek the gall-bladder area and fix it from beneath. The diaphragm, descending from above with the beginning inspiration, brings down the liver and the gall-bladder, and if a cholecystitis or a cholecystic obstruction is present, the descent is checked suddenly, with an accompanying groan from the patient.

The third sign is thus described by R. Abrahams: Place the patient in the recumbent position, with the arms and legs extended. Ascertain a point midway between the umbilicus and the cartilage, then with a sudden thrust press the index and middle fingers of the right hand into that

point. The effect on the patient is like an electric shock. There is either a grimace on the face denoting suffering, or a quick, involuntary jump of the abdomen as if it were struck with a pointed instrument. Abrahams considers this as pathognomonic of cholelithiasis as McBurney's point is of appendicitis.

DIFFERENTIAL DIAGNOSIS BETWEEN CYSTITIS AND IRRITABLE BLADDER.—

CYSTITIS.	IRRITABLE BLADDER.
1. A local bacterial infection.	1. No infection.
2. Urine contains micro-organisms.	2. No micro-organisms.
3. Urine contains pus.	3. No pus.
4. Frequency of urination.	4. Frequency of urination.
5. Frequency of urination when in bed.	5. Can sleep all night without urinating.
6. If urine is not alkaline when voided, it rapidly becomes so.	6. Remains acid.
7. Pain, great before urinating, is lessened during flow, markedly increased at its close.	7. Constant desire to urinate relieved by micturition.
8. Cystoscope reveals inflamed mucous membrane.	8. Reveals healthy mucous membrane.
9. Specific cystitis, urine contains gonococci with history of infection.	9. None.
10. Desire to urinate in specific cystitis is urgent, speedily leading to incontinence.	10. Desire to urinate constant, not urgent, no fear of incontinence.
11. Constitutional disturbance in proportion to inflammation, becoming less as the disease recedes.	11. No fever; there is mental depression, even neurasthenia.
12. General health rapidly declines.	12. General health remains good.
13. Retention may occur from obstruction or sacculation.	13. No retention; no sacculation.

A continuous afternoon or evening temperature, with loss of weight and beginning weakness, even though there be no physical signs on inspection or otherwise, and if no tuberculin reaction can be demonstrated, unless the condition can be traced absolutely to some positive disease, it should be regarded as tuberculosis and so treated.

When an intermittent fever which, at its maximum, does not exceed 102 degrees F., lasts without interruption for several months, *a fortiori* for years, there is every chance of its not being dependent upon pulmonary tuberculosis. It should lead us to suspect chronic appendicitis in the adult and below fifteen years of age this same affection or chronic pharyngitis.

Acne Vulgaris.—M. Haase, Memphis, Tenn. (*Journal A. M. A.*, August 17), says that there are three forms of micro-organisms constantly present in the comedo admittted by all investigators, namely, a small bacillus, a coccus, and that mysterious thing known as the bottle bacillus which from its occurrence elsewhere, etc., is discarded, as having no influence on the disease. The coccus until recently was classed as one of the staphylococcus group and, while believed by some to be the cause of suppuration, all agree that it takes no part in the production of the comedo. The bacillus, since it was first discovered by Unna, has been a bone of contention. Haase reviews at length the principal literature of the subject and shows that a diversity of opinion exists at the present time as to the bacterial etiology of acne. That there is a bacillus constantly present in all enlarged sebaceous follicles after the age of puberty, which may remain harmless under normal conditions, is probably the view of dermatologists at present. The preponderance of opinion is in favor of its pathogenicity in susceptible individuals and why Unna rejects this view at present seems incomprehensible to Haase. His own studies of the subject seem to convince him that acne, in all its various clinical manifestations, is due to this bacillus which may appear under different forms in different conditions. He has employed a stock vaccine of this bacillus obtained from Parke, Davis & Company and Mulford in a number of cases and, while he cannot claim for it the brilliant results obtained by some, he has found it so beneficial that he would be loath to treat a patient without its assistance. If there were no other reasons presented for believing that the different findings over which so much confusion has arisen were simply different phases of the same microbe, these results obtained by him and others with the use of the vaccine from this bacillus would be conclusive.

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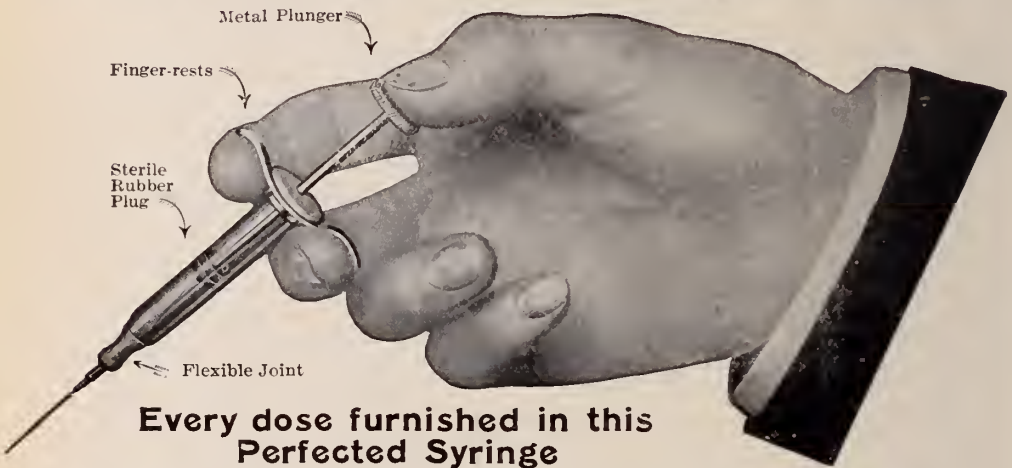

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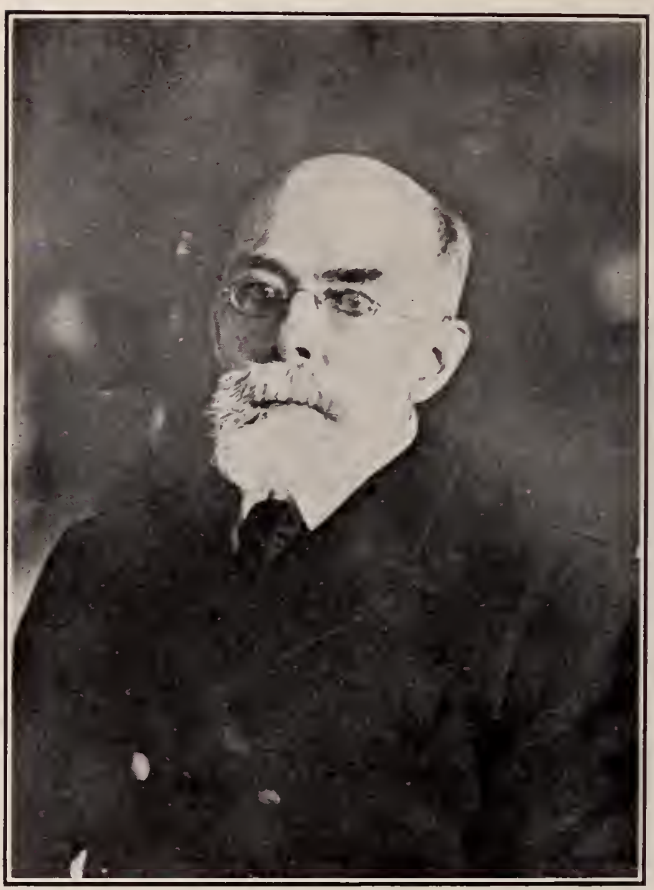

READ JENNINGS McKAY, M. D.

Born in St. Louis, Mo., February 6, 1843. B. A., Lincoln Academy '61. Served with First Missouri Brigade, C. S. A. M. D. Bellevue Hospital Medical College, N. Y., '67. Pursued medical studies in London and Paris 1871 and 1872. Member Ophthalmological Society, American Medical Association and American Otological Society. Ex-President of the Delaware State Medical Society. Established himself in Wilmington as an eye and ear specialist in 1877.

"A physician is free to choose whom he will serve. He should, however, always respond to any request for his assistance in an emergency or whenever temperate public opinion expects his service. Once having undertaken a case, a physician should not abandon or neglect the patient because the disease is deemed incurable; nor should he withdraw from the case for any reason until a sufficient notice of a desire to be released has been given the patient or his friends to make it possible for them to secure another medical attendant."—*From the Proposed Revision of the Principles of Medical Ethics.*

Delaware State Medical Journal

A Protest Against the Incautious Use of Silver Nitrate Solutions in Ocular Inflammations

By B. F. Baer, Jr., B. S., M. D.

In the past year three unfortunate corneal burns resulting from the instillation of silver nitrate into the conjunctival cul-de-sac, in the treatment of acute conjunctivitis, have been brought to the notice of the writer.

So much has been written within the past few years upon Crede's method for the prevention of ophthalmia in the newborn, by the instillation of one or two drops of a two per cent. solution of silver nitrate into the conjunctival cul-de-sacs, that the general physician has probably been lulled into a false sense of security concerning the use of silver nitrate solutions. Crede's prophylaxis has been of untold benefit to mankind. By strict observation of his suggested treatment, ophthalmia in the new-born has been reduced to comparatively insignificant proportions. Indeed so great has been the benefit that the health boards in some of our States are now sending these solutions to the physicians throughout the State with instructions to use in all maternity cases, and I believe neglect to do so is sufficient cause for instituting malpractice proceedings. By what was told me by a physician in charge of one of the three cases mentioned above, I am led to believe Crede's method must be held at least partially responsible for the general increase in the use of silver nitrate in acute conjunctivities.

To deduce that since silver nitrate instilled into the eye of the new born acts beneficially, it must, therefore, be equally beneficial when dropped into the adult eye, seems logical. Such, however, is not the case. The ocular tissues of the new born child are sufficiently resistant to the caustic action of silver nitrate to be unharmed by this solution when

dropped into the eye. These tissues, however, rapidly lose their specific resistance to this drug, so that very early after birth silver nitrate coming in contact with the cornea will produce almost immediately a burn of these tissues, varying in intensity according to the strength of the solution and length of contact.

Silver nitrate as a medicament in certain ocular inflammations, notably conjunctivitis, has a well recognized place and in the hands of an expert or one thoroughly familiar with its proper application, is undoubtedly the most efficient of the many silver preparations.

The mechanism of its action is two fold, germicidal and caustic, and in the latter action lies its danger. When properly applied, it produces an eschar, the depth of which depends on the strength of solution employed and upon the length of application. The eschar separates from the underlying tissues, carrying the germs embedded with it. Given too strong a solution or too protracted an application, the caustic effect will be so great as to produce permanent loss of conjunctival tissue with the resulting ills that such loss entails (symblepharon, ectropion, entropion). Should the silver solution come in contact with the corneal tissues, the result may indeed be disastrous. Corneal ulceration may follow, and consequent corneal opacification, with permanent impairment of visual acuity sometimes so great as to make of the eye a useless organ.

The proper, and indeed the only, method of using silver nitrate in the treatment of conjunctivitis is to apply the solution to the everted lids by means of a cotton swab and almost immediately to neutralize the excess with normal saline solution or boric acid solution containing sodium chloride, before allowing the lids to return to their natural position. The possibility of the silver coming in contact with the cornea is thus avoided. The strength of solution used should not be more than two per cent. Equally efficacious and less dangerous is a one per cent. or even a half per cent. solution, if allowed to remain upon the conjunctiva for an instant or two longer than the stronger solution. When the nature of the patient causes the suspicion that this management may not be properly and expeditiously carried through, it is better in the first two or three treatments to use one of the non-irritating silver salts, such as argyrol or protargol, gradually accustoming the patient to the necessary manipulation of the eye.

Scleral argyrosis, and this, of course, only occurs in the use of silver salts over long periods of time, as in the treatment of chronic conjunctivitis, should be guarded against. In no case should silver nitrate be prescribed for home use.

Great care should be observed even in prescribing the non-irritating salts for home use, there being the tendency on the part of patients to renew prescriptions time after time contrary to the advice of their physician. If these salts are so prescribed by the physician, the patient should be thoroughly warned not to renew the prescription without first consulting the physician, for silver once deposited in the elastic fibres of the scleral connective tissue remains as a permanent pigment and gives to the white of the eye a dirty blackish color cosmetically disfiguring the patient. To summarize:

(1) Silver nitrate is the most efficient and also the most dangerous of all the salts of this metal.

(2) With the one exception of the new-born infant, it should never be dropped into the eye, but applied only to the everted lids.

(3) When so applied its strength should not exceed two per cent.

(4) For one not thoroughly conversant with its application it is better to substitute argyrol or protargol.

(5) The non-irritating silver salts should not be prescribed for home use without proper precautions.

Sophol as Gonococcide.—Moran (Wash. Med. Ann., Sept., 1912), found sophol superior to all other organic preparations of silver, as a prophylactic of ophthalmia neonatorum.

Sophol is a compound of silver and formaldehyde-nucleinic acid, the silver being present in organic (masked) form. It is a yellowish powder having a metallic taste and contains not less than 20 per cent. of metallic silver. It is readily soluble in water, the aqueous solution having a faint alkaline reaction; the solution does not give a precipitate on the addition of dilute solution of sodium hydroxide or of sodium chloride; it is insoluble in ether and alcohol.

The solution should be made with cold water, as heat will dissociate the loosely combined formaldehyde. The sophol should be sprinkled on the surface of the water in a shallow dish and allowed to dissolve without agitation, and kept in dark bottles or tubes, hermetically sealed. The solution should be freshly prepared every two weeks to insure the best results.

The drug can be obtained in vials, in tablet or powdered form also, thereby making it very convenient for general use. A five per cent. solution is ample as a prophylactic against ophthalmia neonatorum, but ten per cent. can be used without producing marked irritation or pain.

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PROPERTY VERSUS LIFE.—Recently two of our citizens sustained a loss by burglary. At once there was an alarm. The Police Commission was appealed to to look into the matter; the Chief of Police took occasion to accuse the policemen of dereliction of duty; the newspapers filled up columns with the discussion; the public became thoroughly aroused. About the same time a hearing before the city Board of Health disclosed the fact that our milk inspection is a farce, that a great deal of the milk sold in this city is tuberculous, dirty and contains preservatives, that 40 per cent. of the cattle slaughtered for food is tuberculous, that Wilmington has become the dumping ground for tuberculous meat; finally, that the Board of Health is inefficient for lack of funds,—and what happened? The newspapers published the news, and the public passed by unconcerned.

Recently, our Mayor started an agitation in favor of a closer scrutiny of the weights and measures. Our people are being cheated on market days; the weights and measures are not up to the standard; this explains the high cost of living, etc., etc. The solution? We must have a new official whose duty it would be to look after the matter. True, we have a clerk of the market, but he is too busy doing nothing, and, besides, he has no jurisdiction. (Why not give it to him?) We have no money, but what does that matter in a public necessity of such grave importance as cheating the consumer out of a few potatoes or a handful of beans. The money should be raised somehow, and the City Fathers who are thoroughly aroused to the situation are bestirring themselves to find ways and means.

About the same time the Board of Health appealed for

an assistant to the secretary, but there is no money available!

Do Not Kill the Dog.—It usually happens that when a mad-dog scare takes possession of our citizens some individual handy with a gun gets madder than the dog and pursues the beast to its final destruction with a zeal worthy of a better purpose. Little do the people realize how much harm is done by destroying the dog whose bite it is feared will cause the dreadful rabies. The most direct and simplest evidence is thus destroyed and the diagnosis very much complicated. The diagnosis of rabies in the dog rests on the following evidence: 1. The presence of foreign bodies in the dog's stomach, such as grass, glass, hair, wood, etc. 2. The presence in the spinal ganglia of certain pathologic formations known as negri bodies. 3. The production of rabies in guinea pigs or rabbits by inoculating them with a small portion of brain-matter from the suspected dog.

The only absolutely reliable method is that of inoculation. The results, however, cannot be known for a week to ten days in guinea pigs and from two to three weeks in rabbits. On the other hand, if the suspected dog is kept for three days and does not die of rabies, the latter can be excluded with absolute certainty, and *vice versa*. This means, that if a determined effort were made to corral the dog in some barn or other safe place and keep him there for three days, a positive diagnosis could be established with promptness and certainty.

Why Should the New State Laboratory be Located in Wilmington?

A brief review of the establishment of the State Board of Health Laboratory at Newark may be of interest, showing as it will that the present location of the laboratory was purely accidental and not a part of any well laid out plan.

When the laboratory project came up in 1898, the late Dr. Black, of New Castle, proposed that the laboratory be located at the State Hospital at Farnhurst, the advantages offered being an already existing hospital laboratory and a resident pathologist who, with extra help, could do the work of the hospital as well as the physicians of the State. However the Legislature refused to appropriate any more money to Farnhurst, and the bill was killed. At that time Prof. F. D. Chester, then mycologist of the Delaware Experiment Station, proposed that the laboratory be located at Newark in one of the college buildings. The advantages offered were free laboratory room and the services of the mycologist as director of the laboratory. It was therefore stipulated in the

bill which finally passed the Legislature that the mycologist of the experiment station should act as the director of the State Board of Health Laboratory without extra compensation. This will appear evident from the following citations from the "act:"

"Whereas, Delaware College possesses excelient facilities in the way of suitable rooms and adequate equipment of libraries and apparatus, and besides *offers at no cost the supervision of a trained bacteriologist as a guarantee of the character of the work* . . . the Board of Health hereby is authorized and empowered to establish and supervise a Pathological and Bacteriological Laboratory at Delaware College, and to supplement the equipment already there, with any additional appliances necessary to make it perfectly safe and reliable for the thorough use of any or all of these means of protecting the citizens of the State against the spread of disease.

"Sec. 2. That the said Laboratory shall be and with the advice and consent of the Board of Trustees of Delaware College be located in buildings now belonging to said College, and said Board of Trustees shall furnish such accommodation of rooms, apparatus and skilled supervision as may be required for said Laboratory.

"Sec. 3. That the Pathologist and Bacteriologist elected as hereinafter provided shall conduct the routine work of said Laboratory *under the direction and supervision of the Bacteriologist of Delaware College,* and shall make all examinations and analyses, etc., that may be necessary, under the direction of the Board of Health of the State for all the purposes that may be required to fully execute the intents of this Act. Provided, however, that this shall not be so construed as to interrupt or limit the power in the full control and management of the Laboratory of the State Board of Health."

It is thus seen that the Legislature agreed to put the laboratory at Newark not because it deemed the location particularly desirable but because of the offers made by Delaware College, namely, room, apparatus and skilled supervision. The College has never given one cent's worth of apparatus to the laboratory, and as to skilled supervision, this part of the agreement was carried out as long as Prof. Chester was connected with the Experiment Station and not since. We emphasize this fact because one of the inducements in getting the laboratory was this valuable service, and by withdrawing this service, Delaware College has failed to carry out this very essential part of its offer. How essential it is has been apparent ever since Prof. Chester left the station. Instead of two trained men connected with the lab-

oratory there is only one, and in the absence of the present incumbent on official business, the laboratory work stops. As a matter of fact it is a question whether the Experiment Station could carry out this part of the agreement should it desire to do so. The mycologist is employed by the United States Government and his whole time belongs to the station. Prof. Chester devoted half of his time to the laboratory, and the loss of his time was keenly felt by the station. In fact, objections were repeatedly made by the director of the Experiment Station, and the Board of Health Laboratory was looked upon as a nuisance. At present, the laboratory is desired because it costs the College very little. One wonders what would be the attitude of the College should the Board of Health insist on holding the Experiment Station to the original agreement.

What are the functions of the State laboratory?

1. It should assist the State Board of Health, as well as the various local Boards of Health, in the detection, investigation of and control of infectious diseases, with a view of prevention of epidemics or the eradication of epidemics already existing.

2. To assist physicians in the diagnosis of disease.

3. To conduct such investigations as would protect the people against fraud in food and drugs or the danger lurking in impure and unwholesome foods and drinks.

4. To conduct such investigations as would promote public welfare insofar as it depends on proper hygiene and sanitation.

5. To these functions has been added that of assisting the Attorney General in the investigation of poisons and the examination of substances of "neither a contagious or infectious character." It is thus seen that the scope of the laboratory is very wide, that the work is far reaching, and that the proper execution of the work would lead to the saving of many lives, not to mention the general benefits that would accrue to the people through the facilities offered to the physicians of the State in the diagnosis of disease.

The question is pertinent: How far has the laboratory in Newark fulfilled its functions?

It has done wonderfully well in the routine examination of specimens submitted by physicians and others. When we realize that the number of specimens was almost trebled the last few years and that since Mr. Watson has been in charge, 13,079 specimens have been examined, we can only wonder how it was done. On the other hand, the laboratory has failed in serving municipalities and it has failed in giving the best to the physicians of the State.

To cite a single instance: The city of Wilmington spent

close to $20,000 on water-supply investigations which should have been conducted by the State laboratory. The city Board of Health has been not only handicapped, but rendered practically impotent for lack of laboratory investigations. This is true to a certain extent of other municipalities in this State.

According to the records of the laboratory the mean annual number of specimens of all kinds examined is 1,453, and assuming that all of them were submitted by physicians, which, of course, is not the case, there would be an average of only a little over six specimens per physician. Taking the specimens of diphtheria, typhoid and sputum which were surely submitted by physicians, we find a mean annual number of 728 or less than three per physician. It is manifestly incredible that each physician in this State has only three cases a year on which he desires light from laboratory investigations. As a matter of fact, only a comparatively small number of doctors submit specimens to the laboratory, the majority not using the laboratory at all.

When we come to inquire into the causes, we find only one, namely, the inconvenience of the location of the laboratory. Newark is not on the main line and is therefore inaccessible. No mail reaches Newark direct from any part of the State, the mail going either by way of Wilmington or Porter Station. There are only two deliveries daily, the last being at 6 p. m., when the work of the laboratory is already done for the day. Consequently, a specimen received in the last mail goes over to the following morning. This leads to a delay in the examination and report which is discouraging to the doctor. The physicians in Wilmington find it particularly irksome to collect specimens and then mail them to Newark. This is shown by the fact that only one-third of the specimens come from Wilmington, and as the Wilmington doctors represent the largest single body of physicians in the State, their attitude towards the laboratory must of necessity influence its activity and usefulness.

With the State laboratory located in Wilmington the city Board of Health would bloom into renewed and useful activity while the physicians would find at their doors an institution which would render their daily work more scientific, and, what is of greater importance, would render them more useful to their patients. The physician down State would find a laboratory in Wilmington equally advantageous. Not only are the mailing facilities better, only one mail daily reaching Newark by way of Porter Station, but the opportunities of visiting Wilmington and thus coming in direct contact with the laboratory are much more numrous. After all, Wilmington is the largest city in the State, and if it be

true that a public institution serves its purpose best when it does the most good to the largest number, then the needs of Wilmington in this matter should be considered. The State Board of Health Laboratory is an important institution, and those of us who desire to see it rise to the zenith of public utility will exert every possible influence to have it located where it can best prosper and where it can be of the greatest use to the people. Foolish local pride and sentiment should have no place in this matter.

More Puffs.—The following "news" item appeared in our local press about Dr. Ritchie, formerly of Middletown, and now practicing in Wilmington:

"REV. V. S. COLLINS BETTER.

Middletown, Sept. 22.—Rev. Vaughan Collins, lately returned from Rehoboth much improved from his illness, will for a few weeks preach only the morning sermon at the M. E. Church. Revs. Arters and Hutchin will fill the evening engagements for him during that period.

Speaking about the reverend gentleman's case, recalls the fact that the dean of the local medical corps, Dr. Charles A. Ritchie, has the distinction of having had more cases of appendicitis than any other physician in the State—104 up to date, of which number 60 were treated surgically, chiefly at the Hahnemann Hospital in Philadelphia, and 44 otherwise. Only four died—certainly a small percentage of mortality in so serious a disease, and one which speaks volumes of praise for the discerning skill of the diagnostician. Dr. Chase of Hahnemann says Dr. Ritchie never made an erroneous diagnosis in all those cases."

We feel sure that Dr. Chase did not authorize any such statement as is attributed to him. And by the way; we understand that Dr. Ritchie has now turned to the ligaments as a source of "easy money," in other words, he is a "chiropractitioner."

The Brass Band as a Means of Improving a City.—Now that the atmosphere is cleared of the din and the clang and the noise of our "Home Week" celebration we may temper our judgment with calm reflection and figure out whether it paid. Who profited by this "Home Week" celebration? The street railways, saloons, restaurants, candy stores, drug stores and similar establishments. The real business interests were injured rather than benefited. The merchants lost money, the crowds being diverted from the stores rather than to them. Just how little interest the large manufacturers took in this celebration was shown during the so-called "industrial parade" in which, with the exception of

two or three of the large firms, there was a long monotonous stretch of delivery wagons from small concerns. Ash carts, traction engines and beer delivery wagons made up the conspicuous features of the parade. It stands to reason that the brass band method of attracting a manufacturer is bound to be worthless. What the manufacturer seeks is a well-governed city, properly located with the necessary labor advantages. He does not have to watch parades to look for what he wants. But presuming that by making a lot of noise we have succeeded in attracting the attention of the manufacturer, can we deliver the goods? Can we show him a city with well paved and properly kept streets, ample sewers, well paid school teachers, efficient police, properly supported charity organizations, such as hospitals and similar eleemosynary institutions? Can we assure him that we have fair taxation and that the taxes are efficiently collected? Can we point with pride to our municipal government? If we can't let us wait until we can deliver the goods and then call out the brass bands to make a noise.

We have no objection to people displaying their tinsel and brass buttons and furnishing amusement to throngs of people who are willing to stand for hours to see the circus. Well and good, let them pay for it. But why should the council have appropriated $5,000—the same council that plead poverty when an appeal was made for an appropriation for our hospitals, Hope Farm and a contagious disease hospital. No money for the sick, plenty of it for brass bands.

Fine management, indeed.

The International Congress on Hygiene and Demography.—This congress has been voted a tremendous success from the standpoints of attendance and management. It represented, and represented well, the information we now possess along the lines of preventive medicine, while the object lessons were of great value to lay as well as the professional visitors. Listening to papers by the great hygienists of the world and seeing the exhibit, which was wonderful for its completeness and classification, one could not help but think of our noble profession that alone made all this possible.

The Miller Drug Company.—The Miller Drug Company has shown its cloven foot by withdrawing all advertising from The Sunday Star, as a punishment for the fearless expose of the Tona Vitae fraud with which the Miller concern was evidently connected. The other newspapers are

still carrying the Miller ads. Evidently the "silent clause" is a real factor in the debauchery of the press by the patent medicine fraternity.

Letters to the Editor

To the Editor of the Delaware State Medical Journal:

SIR—In the March issue of this Journal, page 8, you took occasion to challenge any one to give a reason why a "single" examining board should not replace the present system of two boards. In the May issue, page 20, I had the honor of stating why, in my opinion, there should be no change. Three issues of this magazine have been published since the appearance of my letter, during which time there has not been a single conclusive argument advanced to show that my position was not only reasonable but logical; to be sure there have been several references to my letter, such as, for instance, the one in the June issue, page 12, discussing the relative value of "Homeopathic Eggs and Milk." To a certain type of mind this may appear to be a highly satisfactory method of dismissing the question of results of homeopathic treatment as compared with old school methods, but—for the benefit of those who are earnest seekers of the truth, I ask again, how about the very decided advantage in the percentage of arrested cases of tuberculosis at Rutland under homeopathic treatment?

On page 13, of the July issue, of this magazine, you reprint the definition of a homeopathist given in my letter and then quote Oliver Wendell Holmes; you follow this by the question, "What is the quarrel about?" There is no quarrel. I am simply presenting the homeopathic viewpoint.

The homeopathist practices medicine in the full sense of the term; he not only defines it as including all that pertains to medical and surgical learning but in actual practice uses any agent or method which he finds of value. Does our old school brethren do as much? Not at all. Theoretically they do. (See quotation from Oliver Wendell Holmes above mentioned.) For evidence that they do not the reader is respectfully referred to the editorial appearing on page 8 of this journal for March. That there may be no doubt as to the attitude of the profession at large permit me to say that to the best of my knowledge there are but two old school text books published that even to a slight extent mention the methods of the homeopathic school. I refer to Cushney and Potter.

In other words, the homeopathist announces that he will use any method or agent that is of value, and—he does it. Our old school friend states that he will use any method or agent that is of value, but—he doesn't! He ridicules homeopathy and his text books are silent on the question of homeopathic therapeutics.

Respectfully yours,

VICTOR D. WASHBURN.

[COMMENT—We shall publish shortly an article on homeopathy, ancient and modern, "for the benefit of those who are earnest seekers of the truth."—ED.]

Personals

Dr. Cleaver left for New York to take a special course in electro-therapeutics.

Dr. J. Thorkelson located in Wilmington in Dr. Cleaver's office.

Dr. Phillips opened an office at Seventh and King in the rear of Belt's drug store.

Medical Progress

THOMPSON TWO GLASS TEST.—The urine is voided into two glasses. The first urine is supposed to contain the products of the anterior urethra, the second those of the posterior urethra and bladder. This test is very misleading. For example, if the discharge be very profuse in the anterior urethra, both glasses will contain cloudy urine, and yet the posterior urethra and bladder be not at all involved. Again, the products of the posterior urethra, bladder and kidneys may be found in both glasses, the anterior urethra not being diseased. In a case of chronic posterior urethritis the first glass may and usually does contain pus and shreds, and the second glass may appear perfectly clear; this is due to the fact that the first urine passed cleanses out the posterior urethra, and the second passing over a cleansed surface re-

mains clear. In chronic anterior urethritis, when the secretion is adherent, instead of the first glass only containing pus and shreds, the products will more often be found in both glasses.

DIFFERENTIAL DIAGNOSIS BETWEEN APPENDICITIS AND ADNEXAL INFLAMMATION.—

APPENDICITIS.	ADNEXAL INFLAMMATION.
1. Previous health good so far as local disease is concerned.	1. In tubo-ovarian disease, previous history of gonorrhœa, or infection after abortion; disturbances of menstruation, dysmenorrhœa.
2. Onset sudden; acute pain, frequently localized, not radiating down the thigh.	2. Onset slow; pain dull, continuous, radiating.
3. Usually, no chill.	3. Chill may be absent.
4. Temperature may be high; usually moderate.	4. Temperature rarely elevated.
5. Unilateral rigidity of abdomen.	5. Rigidity absent unless general peritonitis exists, then rigidity is general.
6. Examination fails to find exudate before third or fourth day.	6. Tumor present from first, but vaginal palpation may be necessary to find it.
7. In complicated cases, vaginal and rectal touch rarely discover tenderness.	7. Vaginal and rectal examination always discover pain, particularly if attempts are made to move the uterus.

THE DRUGS WE NEED.—"What drugs shall be used and how?" is a subject of a paper by O. T. Osborne, New Haven, Conn. (*Journal A. M. A.*, September 28), and the only way, he says, to discuss the subject is to classify drugs under the objects at which they are aimed. He does not encourage the use of the pharmacopeial and N. F. mixtures because they are seldom needed. The active drug of the mixture can generally be given in simpler form with perfectly satisfactory results. Also we do not want any second or third rate drugs or preparations, and this eliminates about three-quarters of the Pharmacopeia. The drugs we need as astringents are: alum for local use, rarely as a mouth wash or gargle, never internally; bismuth subcarbonate or subgallate; silver ni-

trate, internally only for gastric ulcer or chronic stomach inflammation. Zinc sulphate is the only zinc preparation we need and, like copper, should never be used internally except as an emetic; tannic acid is suitable for local use and some of its newer combinations for internal action; gallic acid rarely for action after absorption. For appetizers or stomachics you may cut out the useless bitters, the pharmacopeial and the large number of proprietary and formulary remedies. For a bitter alcohol cocktail the compound tinctures of gentian or of cinchona are efficient, or a drop of the tincture of nux vomica in a wine glass full of water before or during a meal will answer all the needs of an appetizer. As regards iron preparations, no organic iron will do as much good as a simple inorganic iron of small doses. The few preparations really needed are the reduced iron, the Blaud pill, saccharated iron oxid and the tincture of iron chlorid, the last being the strongest. Proper chewing of food is all the starch digestant that is needed. Dilute hydrochloric acid is often needed and efficient. Pancratin is of value only as a predigester of food before it is taken. Butter and cream are generally sufficient for what is wanted, with, perhaps, olive oil to increase nutrition in some cases. The large number of glycero-phosphate elixirs are probably not needed. Calcium glycero-phosphate in dry capsule or tasteless powder will do all that the various elixirs will do. It may supply a need and calcium in a nervous sedative. To decrease perspiration atropin and the local use of alcohol is all sufficient. Water is the best diuretic; next caffein in some form, digitalis, buchu, broom and squill. To render the urine alkaline there is nothing better than potassium citrate, and as genito-urinary antiseptics, hexamethylenamin, salol and salicylic acid are sufficient. For a genito-urinary stimulant the oil of santal is good. Iron and thyroid are the only good emmenagogues. Alcohol is best for menstrual pain. Ammonium chlorid in small doses, ipecac and iodids are good expectorants; aromatic spirits of ammonia is better than ammonium carbonate. Ammonium chlorid, atropin, terpin hydrate and the opium alkaloids will decrease mucous secretion. Atropin, bromids, chlorid, gelsemium, morphin, nitrates and broom will relax respiratory spasm. Drugs to regulate the circulation are probably the most misused, and Osborne gives caffein, strychnin (the latter much overused) and camphor as stimulants; digitalis and strophanthin as cardiac tonics, suprarenal and pituitary active principles as vessel constrictors, nitrites, iodids, etc., as dilators, and camphor as the best antispasmodic. As nervous depressants, acetanilid in small doses, bromids, chloral and opium are used. Chloral is the best hypnotic. Of the iodids, sodium iodid is the best.

The wine of colchicum and the alkaloid colchicin are all that is needed. There are too many bromids in use and the sodium salt is best. Half the preparations of mercury could be abolished; the main question is the dose. Osborne does not believe in accepting every new drug or mixture and wishes to stimulate a critical spirit in the use of the remedies at our command.

Unimportant Drugs.—W. A. Puckner, Chicago (*Journal A. M. A.*, September 28), calls attention to the fact that when an article is in general demand it is likely to be of a high order of purity. Competition will ensure this. When, however, an article is only seldom used, or is at least not in such wide general use as to have its quality thus assured, it is likely to vary in purity. All these facts apply to drugs and medicinal substances which are not sold under competitive conditions and are worth careful scrutiny no matter how high the standing of the manufacturer may be. The conditions which make it unwise to sell such drugs dishonestly also seem to make it impracticable for the legitimate dealer to go to the trouble of furnishing an article that is absolutely pure and reliable. These opinions are justified by the findings of the chemical laboratory of the American Medical Association, and the examinations of a number of products which have been tested are given as illustrations, such as calcium phenolsulphate, cicutine, copper citrate, golden seal, keratin, magnesium peroxid, quinin, tannate, etc. Some of the findings have been submitted to the manufacturers, who have consequently taken pains in some instances to make sure that their products are of standard quality at the present time.

Superfluous Hair.—H. C. Baum, Syracuse, N. Y. (*Journal A. M. A.*, July 13), says that women suffering with growth of superfluous hair are not duly considered by physicians and fall into the hands of unscrupulous and ignorant irregular practitioners altogether too often. They are notably sensitive and depressed, and their general health often suffers from the disfigurement. He thinks that there is no excuse for this to happen, though the treatment is difficult, tedious and relatively unprofitable. It takes ten times as long to remove ten hairs as it does to remove one, and there may be a thousand, but the grateful appreciation of this class of patients is a sort of oasis to the physician in the desert of ingratitude usually encountered. He describes his method of electrolysis. The skin is mopped with absolute alcohol which macerates the thickened sebum, is to some extent germicidal and very efficient in obtunding sensation. The needle

is introduced without force till it reaches the bottom of the follicle or meets resistance. The current is then passed until the follicle whitens or bubbles serve to mark the site of the hair follicle. The hair is epilated and the needle returned through the vacated follicle, until it rests on the papilla. Enough electrolysis is then employed to destroy the papilla. After the hair is pulled out and the needle placed directly on the papilla, much less tissue is cauterized than if the papilla were destroyed while surrounded by the hair bulb. Meanwhile the application of absolute alcohol goes on. He uses a rounded olive-pointed needle and a special needle holder. The positive pole is grasped by the patient's hand and a current from one-third to one milliampere, measured, not guessed, is used. It is painless, and the results are better than with a stronger current. For a source of electricity, the La Clanche battery is used. The smaller the diameter of the needle the nicer the technic and the better the result. Scarring to any extent is not necessary. The majority of these cases occur in unmarried women; he has seen it cured by marriage or relief of dysmenorrhea. Baum says that as toxemias destroy hair on the top of the head, so they seem responsible for the overgrowth of hair on the face. Indican is conspicuous in many of the cases, and with improved metabolism the tendency is modified or overcome. In diabetics it is not unusual to see the growth increase on the face, while thinning on the scalp is the rule. Overworked spinster school teachers furnish the largest quota of Baum's cases, and it is manifestly not always possible to remove the cause, but many are susceptible to varying degrees of relief without resort to electrolysis.

Electric Methods.—W. L. Clark, Philadelphia (*Journal A. M. A.*, September 21), describes the uses of certain of the later electric methods which he believes have a tangible value in therapeutics. These are high-frequency-desiccation, fulguration, and thermoradiotherapy. The first of these is the desiccation of a living animal tissue by the proper application of an accurately measured high-tension current. For superficial destruction no bare electrode touches the tissue but the current from one pole is concentrated and thrown from a metal point through an air space to the tissue in the form of sparks of great frequency, the other pole being grounded. For deeper destruction the bipolar method is used: the metal point is brought in contact with the tissue and the large passive electrode is placed at some indifferent part of the body. A static machine of large output (2.5 to 3.5 milliamperes) is used to produce the initial current, which is stepped up by a carefully measured capacity (0.00042 micro-

farads to each Leyden jar) and an accurately attuned resonator. The desiccation spark causes rapid dehydration but is not hot enough to burn and its penetration can be accurately regulated. It destroys tissues without opening blood or lymph channels and will act as a styptic in case of oozing. It can be used for warts and moles, pigmentation, vascular nevi, angiomas and tattoo marks, in chronic varicose ulcers, acne, growth in the rectum, larynx and eye, and is useful also in cancer. It can be used alone in superficial epithelioma and, after curettage or excision, in advanced cases. It can also be used as a palliative measure in surgical cancer and in many other conditions. Fulguration is a method advocated and devised by de Keating-Hart of Paris to be used in connection with operative measures, especially in the treatment of cancer. The growth, with all adjacent glands, is first thoroughly excised and then treated with a bombardment of high-frequency sparks, 4 to 8 inches long. Thermoradiotherapy is a new method of applying X-rays on the theory that the radiosensitiveness of tissue is in direct proportion to its temperature. Hart uses a method called thermopenetration or diathermy, a high-frequency process which causes heat to reach deeply into the tissue. The details of the three methods are described.

Lung Compression in Tuberculosis.—Mary E. Lapham, Highlands, N. C. (*Journal A. M. A.*, September 14), describes the methods and rationale of the benefit derived in the treatment of tuberculosis by compression of the lung. It is done, as is well known, by the injection of nitrogen into the pleural cavity so as to compress the lung and force out the decomposing contents and cause adhesions and scars in place of the tuberculous lesions. To heal to best advantage, the lung must be kept from expanding and therefore, a good deal of pressure is necessary, but no more than can well be borne by the mediastinal pleura and prevent its bulging over on to the other side. The difficulties and dangers of the operation are noticed; there may be a tuberculous flareup in the other lung and adhesions may have obliterated the pleural cavity. There is danger of injuring the lung and causing an abscess and of infecting the pleura when the needle is withdrawn. Gas embolism, the greatest of all dangers, may be avoided by Brauer's method of making a free incision, retracting the tissues and examining the surface of the pleura. If it is smooth and glistening and the motion of the lung beneath is seen, the pleura is pierced with a blunt Salomon catheter. This is the only safe way to produce a pleural cavity. The manometer should also be carefully watched to observe the changes in intrapleural pressure caused by differ-

ent positions of the chest wall. The nitrogen should never be turned on unless the manometer shows good respiratory excursions, on account of the danger of gas embolisms. Over 600 cases of this treatment have been reported with about 40 per cent. of recoveries. There have been thirty-one cases treated thus in the Highlands Camp Sanitorium; six are dead and three have not been under treatment long enough to report; ten are still uncertain; ten are improving, and in two cases the lung is expanded, has resumed its function and there have been normal breadth sounds and resonance for over a year.

Quinin and Urea Hydrochlorid.—An unpleasant possibility in local anesthesia is illustrated in a case reported by H. H. Rightor, Helena, Ark. (*Journal A. M. A.*, September 14). For some time he had been using the 1 per cent. solution of juinin and urea hydrochlorid, marketed in ampules, with very satisfactory results. In one case, however, a white man, aged 20, circumcision was performed under this local anesthesia. The operation was successful and painless. The next morning the lack of sensation still persisted and the organ was much swollen and violet colored. This condition persisted till the fifth day, when the sutures were removed. Forty-eight hours later there was a well marked localized gangrene extending exactly to the end of the line of infiltration on both the mucous and cutaneous sides of the incision. There was no suppuration at any time. With tissue forceps this gangrenous area was lifted out *en masse*, leaving a raw surface about one inch wide in the region of the frenum and one-half inch wide in the rest of the circumference. As no large portion of the prepuce had been removed the doctor was able in a few days to approximate the skin and mucosa except under the frenum, and in a week more the wound was practically closed except for a short space where the edges could not be approximated.

Corpus Luteum Extract.—C. F. Burnam, Baltimore (*Journal A. M. A.*, August 31), after reviewing the function of the internal secretion of the ovaries and the use of the extract, gives his personal experience in experimenting with the extract of the corpus lutem of the pig. Besides the experiments with dogs, which accorded with those of other observers, he tells his experience with the use of the extract in human patients and concludes his paper with the following summary: "1. When given by the mouth corpus luteum tissue of the sow, even in large doses, has little or no toxic effect on women. 2. It affords us a valuable means of controlling the nervous symptoms which occur in so many patients at

the time of the natural or artificial menopause, giving relief to most sufferers. 3. It is a valuable remedy in treating patients with insufficient internal ovarian secretion during the menstrual life. This class constitutes a very large number of women. 4. It is an excellent remedy to induce menstruation in young women suffering from functional amenorrhea. Those who are fat, in addition to regaining menstruation, usually, but not always, lose weight. 5. There would seem to be a possibility for the use of drug in cases of unexplained sterility and repeated abortions. 6. Extensive use should be made of corpora lutea from the cow, sheep and other animals to determine if these extracts work more successfully than those of the sow. The ideal luteum tissue for any animal is doubtless tissue from its own species, but this cannot be obtained for the woman. 7. So far as it goes, my work strengthens my conviction that Fraenkel is correct in attributing menstruation to the internal secretion of the corpus luteum. 8. From clinical experiences I am inclined to believe that the corpus luteum possesses different properties due to different chemicals. One of these substances causes hyperemia of the pelvic organs; another relieves nervous symptoms of a toxic character, as at the menopause. It would seem that this product acts as a neutralizer, since even large doses of the luteum cause no disturbance of a toxic nature. On the other hand, the toxic results of intravenous injections of the luteum extracts, as well as the nervous phenomena of menstruation, show that there must also be some toxic material present which is not absorbed from the stomach or intestines. All of these various substances may in the future be separated."

Puerperal Infection.—From a study of recent literature, and also from personal observation, T .J. Watkins, Chicago (*Journal A. M. A.*, August 31), has been impressed with the difference of opinion that exists concerning the treatment of puerperal infection. His investigations, he says, indicate that local treatment is too prevalent and that systemic treatment would be advisable in most cases. He gives a large number of extracts from the literature and says that from personal observation, especially of general practitioners, he finds that most cases are treated by curettage, douches and intra-uterine medication. He gives his reasons for believing the disease a systemic one and thinks it should be treated chiefly by general remedies which strengthen the bodily resistance and hasten the development of immunizing bodies. Retained products of conception should be left to escape spontaneously. In individual instances gauze packing should be employed to check bleeding, to hasten separation

of the tissues and to stimulate uterine contraction. Pelvic inflammatory exudates are usually absorbed, but in exceptional cases, usually due to the colon bacillus infection, incision and drainage should be employed. Cases of suppurative peritonitis should be operated on early, but the vigorous operative treatment employed frequently is more dangerous than the disease. He gives an analysis of eighty-nine cases, nearly all of the severe type which should be sent to the hospital, in which operative interference was discontinued, with rare exceptions. The greater proportion had been curetted one or more times and had received intra-uterine antiseptic douches. Eight of the eighty-nine died, six were hopeless from general peritonitis, one had a large multilocular pelvic abscess from colon bacillus infection which terminated in generalized peritonitis and death; the eight died from a hemolyzing streptococcus infection with numerous mycotic emboli. Local treatment was confined to the first half of these cases in point of time. Fifty of the patients received supportive treatment only and in the thirty-nine other cases treatment was only expectant. About 50 per cent. had had pelvic exudates and nearly all of these had received intra-uterine treatment before coming under Watkins' care. In all cases the exudate had practically disappeared when they left the hospital, where the average stay was only about three weeks.

Miscellaneous

At a meeting of the New Castle County Homeopathic Medical Society, held at the home of Dr. S. C. Frederick, 402 Delaware avenue, September, 1912, the following resolution was adopted:

"That it was absolutely necessary to have a laboratory for the city of Wilmington in order that the work of the Board of Health be carried on in the proper manner and that an appeal be made to the Council of the city of Wilmington for the necessary appropriation."

PROFESSIONAL COMPENSATION OF FRENCH PHYSICIANS. —Owing to the sharp rise in the cost of living, writes Consul Carl Bailey Hurst, from Lyons, a movement has been started among certain French physicians to augment uniformly the hitherto prevailing prices for their professional

services. While the incomes of most breadwinners have increased the remuneration of general medical practitioners in this district has remained stationary in recent years.

It has been practically arranged in this city that a doctor's professional visit costing $1 and in the country and suburbs eighty cents shall be now considered the minimum. A payment of $2 a visit in Lyons and $1.40 in the country ought to be made for a visit at a considerable distance, but between these two extremes a doctor may now ask an average fee of $1.40 for a visit in the city and $1 in the country. A visit between 7 and 10 o'clock in the evening shall be charged double the rates or counted according to the higher scale already mentioned. Night visits between 10 o'clock and 7 in the morning shall be triple the average charge. Sunday visits of urgent summons shall be paid for double. A country doctor shall be compensated, in addition to the fee for his visit, from twenty cents to forty cents a kilometer (0.62137 mile) for the distance he is obliged to travel to the patient.

An interesting investigation has been made in this district and elsewhere by a French scientific periodical as to the financial condition of French physicians. From the data gathered it has been figured out that an unmarried French doctor must earn about $1,700 annually in order to cover expenses. This sum seems larger when put into French denomination, 8,500 francs, but, nevertheless, it does not suffice for some places and is more than absolutely necessary in many provincial localities. An estimate made for the city of Lyons shows that the amount just given is too low. The following disbursements during the year are inevitable for a Lyons physician; Rent, $240; taxes, $74; servant, $240; transportation, $100; food and clothing, $500; extras, $120.

In addition to these items representing a total of $1,274, one must in many cases add interest and repayments on the capital employed when the doctor in his preparatory professional studies, going into practice and awaiting enough paying patients to enable him to support himself. This capital is gauged by an experienced local physician at $6,400, of which $4,200 represents seven years of medical studies at $50 a month, cost of installation $1,000, losses sustained during the first years of practice at least $1,200, or more likely $2,000. If one adds during a period of twenty-five years' sinking fund instalments on a capital of $7,200 and interest at 4 per cent. on unpaid capital, the total budget will be appreciably increased. Hence, a local physician who does not make nearly $2,000 a year, when fully employed with a city practice, is not getting adequate returns.

According to statistics recently issued by a native medi-

cal writer, it is stated that at present out of 20,000 French physicians 40 per cent. do not earn $1,000 a year, and only 20 per cent. make more than $2,000 annually.—*The Lancet-Clinic.*

Meditations on a Skeleton.

Behold the ruin! 'Twas a skull
Once of ethereal spirit full!
This narrow cell was Life's retreat;
This place was thought's mysterious seat!
What beauteous pictures fill'd this spot,
What dreams of pleasures, long forgot!
Nor Love, nor Joy, nor Hope, nor Fear,
Has left one trace of record here.

Beneath this mouldering canopy
Once shone the bright and busy eye—
But start not at the dismal void!—
If social love that eye employed,
If with no lawless fire it gleamed,
But through the dew of kindness beamed,
That eye shall be forever bright,
When stars and suns have lost their light.

Here, in this silent cavern, hung
The ready, swift, and tuneful tongue,
If Falsehood's honey is disdained,
And where it could not praise was chained;
If bold in Virtue's cause it spoke,
Yet gentle Concord never broke;
That tuneful tongue shall plead for thee,
When death unveils eternity.

Say, did these fingers delve the mine,
Or with its envied rubies shine!
To hew the rock or wear the gem,
Can nothing now avail to them;
But if the page of truth they sought,
Or comfort to the mourner brought,
These hands a richer meed shall claim
Than all that waits on wealth and fame!
Avails it whether bare or shod

These feet to the path of duty trod?
If from the bowers of Joy they fled
To soothe affliction's humble bed;
If Grandeur's gilded bribe they spurned,
And home to Virtue's lap returned,
These feet with angel wings shall vie,
And tread the palace of the sky!

PHYSIOLOGY AS LEARNED IN THE DISTRICT SCHOOL.—A bright pupil of a country school handed in the following answers to questions on physiology:

"Respiration is breathen. You respire with your lights, your lungs, your liver, your diagram, your windpipe, your Adam's apple and your breathen organs.

"Respiration is sweaten. When you have respiration you mustn't set down on the ice, as you'll catch cold and often die.

"Perspiration is breathen. You must never breathe in the school room where there is dust and chawk. Wait till you go out of doors where there is air.

"Secretion is not tellen a thing no matter how bad you want to.

"Bile is what you have on the back of your neck. I ain't never had none, nor I don't never want none. My brother Jim had one and that's enough for to do me.

"Brains is on the inside of your head. Brains is soft as mush and kind of pink. You study and think with them, but I don't see how. There are many resolutions in the brain and they get awful deep down into your head if you study lots. If you play in school and don't get your lessons, nor think, nor read none, your brain gets smooth and you are a idiot.

"Expiration is when your paper stops if you don't pay for it.

"Lungs is inside your breast. They have nearly all the bad sicknesses. We nearly all die of lungs. You must open your windows at night and breathe through your noses or you'll die of lungs.

"The liver is one of your parts. When you get livers you are cross and grouchy and think everything bad is going to happen. Pa has livers right smart often.

"The stomach is the food bag. It is about 25 feet long and eight inches wide. Some stomachs is much larger than others.

"The esophagus is a sickness on your inside and it is cut for two hundred dollars even when it kills you.

"The alimentary canal was built by France and the United States. It cost billions of dollars.

"The diaphragm is what a man makes on blue paper to show you how he's goin' to build your house.

"Ventilation is firen up all the time so you can keep your windows open to let the karbonic assed gas out.

"The vertebral column was built by Nero in Rome and he dragged his captive slaves under it.

"Gastric juice is what makes flying machines, balloons and automobeels go.

"Your heart is in your breast inside your lungs only sometimes it comes up in your throat. The heart is divided into four bed rooms, two ventricles and two aurrekles they is called. The heart is a awful pumper. It keeps a pumpen forever and ever. The way the heart lives is something fierce. It is born before you are and dies afterwards."

IODOGLYCEROLE.—E. S. Talbot, Chicago (*Journal A. M. A.*, August 3), recommends the use of iodin as the best oral antiseptic. The objection to the official preparation, which contains 7 per cent. iodin in alcohol, to which is added 5 per cent. potassium iodid, is due to the fact that in frequent applications it destroys the mucous membrane of the mouth. He gives the following formula for use, which he calls iodoglycerole:

Water	2 parts
Zinc iodid	3 parts
Iodin (crystals)	5 parts
Glycerin	10 parts

He says: "As compared with the ordinary tincture of iodin, its astringent properties are greatly increased; the glycerin causes rapid absorption and the irritating effects are reduced to a minimum. The penetrating effect is remarkable. The glycerin thickens the preparation and prevents it from mixing with the saliva and running over the mouth, as the ordinary tincture will do. This preparation may be used on the gums every day, if necessary, without injuring the parts. The teeth as well as the soft parts of the mouth should be treated in like manner, since all germs are destroyed. I have been able to reduce decay of the teeth in my patients in the past ten years from 30 to 40 per cent. All patients receive this treatment before or after each sitting." He finds this especially useful in cases with bone disease, such as caries, necrosis, osteomyelitis, and all pus surfaces. In all operations on abscess cavities it should be used before as well as after operation. The same is true as regards tooth extraction, and splendid results are obtained with it in diseased or inflamed tonsils. Care should be taken that the druggist uses the pure zinc oxide in making up the formula.

A SCHOOL FOR MIDWIVES.—Perhaps there are not many physicians who are aware that New York City established last July a school for midwives. A special appropriation for the purpose enabled the president of Bellevue Hospital to secure the necessary building and equipment. It is entirely under municipal control, and is maintained as part of the nursing work of Bellevue Hospital, and is under the immedi-

ate direction of the superintendent of nurses. According to S. Josephine Baker, in the current *American Journal of Obstetrics*, special effort is made to train these midwives in the fundamental points of nursing of pregnant women, the management of the parturient period in general; and special attention is directed towards the care of infants, the necessity of breast feeding, and the manner and methods of artificial infant feeding. Three lectures a week are delivered to the midwives by the resident physician, covering the practical points in the diagnosis of pregnancy, the management of normal labor, and the care of mother and child during the puerperal period. The nurse in charge delivers three lectures weekly, covering about the same subjects from the nurses' point of view. The midwives live in the building, observe each case that is received, and in turn are allowed to deliver cases under the supervision of the resident physician. The course has been fixed at six months. No charge is made for the course. There are no special requirements for admission, but the applicant must be able to read and write, and must be of good moral character.

Typhoid and Milk Infection.—Three outbreaks of typhoid fever traced to milk infection are reported by E. O. Jordan and E. E. Irons, Chicago (*Journal A. M. A.*, January 20). The first described occurred in the suburban village of La Grange in 1899 and involved forty-five cases, or about one to every ninety of the inhabitants. The water supply of the town was from a deep artesian well, and there was no reason to suspect it. This was confirmed by a number of analyses, bacterial and clinical. B. coli was not found in water from well or tap. The order in which the cases developed effectively disposed of the water theory. Twenty-five of the forty-five occurred on one milk route, eleven on another, and only nine on all the rest, these being accounted for by contact or out-of-town infection. Further study traced the infection to a farm on which a case of typhoid fever had occurred just before the outbreak. The second epidemic reported was at Hoopeston, a thriving manufacturing village in eastern central Illinois, where ninety-four cases occurred in 1910, though the epidemic apparently began two years before. Sixty-two of these cases were traced directly or indirectly to a certain milk route and eighteen to another. The source of the milk showed ample possibilities, and there seems little doubt that it was due to one family. Fly transmission did not seem important in this epidemic. The third epidemic occurred in a winter hotel on the Gulf of Mexico, and was thoroughly investigated and was traced to a wholesale milk distributing company, and especially to one

dairy which furnished cream to the company. A carrier was found here and the conditions were generally bad.

Dr. Pfahler to Lecture in Wilmington.—Dr. G. E. Pfahler, of Philadelphia, the expert and pioneer worker on the X-ray, will give a lantern demonstration of obscure conditions as disclosed by the X-ray, before the New Castle County Medical Society, on the third Tuesday of November. As the lecture promises to be of unusual interest physicians not members of the society and those from other parts of the State are cordially invited to attend.

Juvenile Delinquency.—P. K. Brown, San Francisco (*Journal A. M. A.*, January 20), discusses the subject of juvenile delinquency with special reference to its neurotic basis and the importance of proper home training and environment. When Oliver Wendell Holmes said that the education of a child began several generations before its birth, Brown says he stated a fact that has an ever widening application. It is with this part of the problem—the nervous child—that physicians are specially brought in contact. The average parent rarely takes the subject seriously until the conditions have gone beyond his ability to meet them or until the neurotic tendency shows itself in some unsuspected way or some accident reveals a very serious state of affairs. Vanity, sulking, unusual craving for notice or affection, irritability, outbreaks of temper, unusual persistence of single bad habits, may be all that the parent sees. A number of cases are reported illustrating the results of bad management and heredity combined. The influence of environment alone is important and neglected early training may have serious consequences later. Babies learn to cry for whatever they want and indulgence begun then and carried on later, encouraging selfishness, is specially disastrous. He gives an illustration of an inquiry made into the habits and desires of a number of boys at the school age and most remarkable results were produced showing how sensitive children are to environment and also the tendency toward right interpretation and healthy ideas. He closes his paper with a scheme for taking history in cases of delinquency for purposes of prognosis and treatment.

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Transactions of the Delaware State Medical Society

Medical Progress

Personals

Miscellaneous

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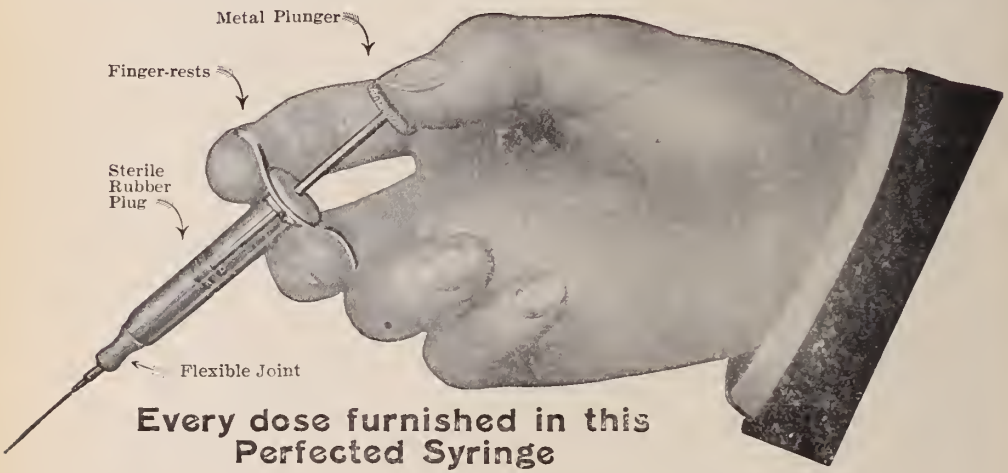

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Delaware State Medical Journal

Homeopathy: Old and Modern. What Is Left of It.

By A. Robin, M. D.

We have fortunately reached that stage of broadmindedness and tolerance when any acrimonious discussion of differences of opinion is painfully out of place, and we may approach a tender subject without fear of creating enmity or causing offense. In pleading for the unification of our profession, I do so on the ground that the differences which have existed and which have made combination impossible have almost entirely disappeared, and the only remaining reason for maintaining a separate organization on the part of the homeopaths is a purely commercial reason, the same which actuates a tradesman to preserve a trade marked name although the substance which it designates is no longer distinctive.

I shall endeavor to prove that there is almost nothing left of the old Hahnemannian Homeopathy, and that his essential doctrines are practically repudiated by his latter day followers. I shall also endeavor to prove that the modern homeopath practices regular medicine, employing such drugs and such doses which are fully in accord with the practice of the so-called "allopaths" and which are contrary to the teachings of homeopathy.

Homeopathy originated with Samuel Christian Friedrich Hahnemann in 1805. I will not discuss the character of the discoverer nor the merits of the method of exploitation of his doctrines,—it is immaterial. What is important is that Hahnemann who is regarded by his disciples as the founder of a new medical science, who is worshipped and sanctified as the Moses who led his followers from the bondage of drug-poisoning to the promised land of sugar pellets, that this great teacher enunciated certain doctrines and these doctrines are immutable and essential. They are:

1. That diseases are dynamic changes in a vital principle, or, in other words, are spiritual entities not depending upon material substances. The causes of disease are not perceptible to the senses and that no attempt need be made to discover them.

2. That at least seven-eighths of all chronic complaints arose from a single source—the itch, while the remaining

eighth is due to syphilis or sycosis. That there are only general diseases, none local. The product of disease found postmortem are the result of blundering, and particularly of the blunders of "allopathic" physicians.

3. That the cure of disease is most easily and completely effected by drugs, the therapeutic action of which closely simulates the symptoms of the disease itself; and the probability of a favorable result increases with the exactness of the similarity of action; in other words, the famous "similia similibus curantur."

4. That the power of drugs increases with their attenuation, which may be carried to an almost unlimited extent; in other words, the more a drug is weakened by dilution the stronger it becomes. This augmentation of power or dynamic force is brought about by trituration or agitation.

In strict accordance with these principles, Hahnemann elaborated a system of symptom—treatment which could not but reach a degree of astonishing absurdity. It did more than that: It paralyzed investigation of the underlying factors of disease and so dwarfed the mentality of the adherents that for more than a hundred years not a single valuable contribution to medical science was made by the homeopathic school, unless it be that the homeopaths should claim credit for Dr. Curie, the discoverer of radium, who was the son of a homeopathic physician.

That this latter indictment does not come entirely from the enemy's camp but is advanced by the more enlightened and frank homeopaths may be seen from the following statement which appeared in the Hahnemannian Monthly, June, 1903:

"For years there have been altogether too many papers which should be classed as patriotic effusions similar to the school boy's essays, which discourse upon 'love of country,' 'the onward march of science,' etc. These so-called materia medica papers prattle about our God-given law, the memory of Hahnemann, the death of the allopaths, and so on *ad nauseam*. But scarcely, if ever, is there presented a practical paper which adds one mite to the improvement of the materia medica."

And how could it be otherwise? Homeopathy was not science; it was dogma, and dogma is a fixed opinion not subject to proof.

The cornerstone of Hahnemann's structure and the principle on which he based his claim for distinction was his novel interpretation of drug-action. Symptoms, and not diseases, were to be treated by drugs which in health produce similar symptoms. To establish these drug symptoms it was necessary to administer simple remedies to healthy indi-

viduals and record or have recorded the effects in their most minute details, *without any influence from examinations.* These determinations are called "provings." The pathogenesis of Bryonia, for instance, consists of 781 symptoms, two-thirds of which were contributed by Hahnemann and the rest by six fellow-provers. To what evident absurdities these "provings" and their applications may lead will appear from even a cursory examination of the homeopathic materia medica. A man was "proving" lycopodium and during the period of the test suffered from falling of the hair, had occasional confusion of thought, eruptions, and may have at times so sinned against Venus as to actually fall asleep during coitus. A number of other things may have happened to him or her or them during the test, and these happenings, of course, were duly recorded. As a result we have the following interesting chapter on lycopodium, which I quote verbatim from the "Epitome of Homeopathic Medicines," by Wm. L. Breyfogle, M. D.

LYCOPODIUM.

MORAL.—Melancholy. Anguish. Dread of solitude. Irritability. Obstinacy. Weeping.

HEAD.—Vertigo on stooping; stupefying—ache; tearing—ache;—ache extending down neck;—ache followed by great weakness;—ache on right side;—ache after breakfast (also Bufo. Nux. M.); congestion to—. Baldness; hair turns gray early; falls out;—ache, worse from 4 to 8 o'clock p. m.

EYES.—Inflammation of; tears during day; agglutination during night (in morning, Phos.); obscuration of sight; optical illusions; perpendicular half sight (also Gelsem.); —open, fixed, insensible to light.

EARS.—Over-sensitive hearing (also Cann. Ind. Mur. Ac.); ringing, roaring, singing in—; pus from—; scarfs behind—.

NOSE.—Over-sensitive smell; epistaxis; stoppage of—; nightly closing of—; by pus; coryza, discharge corrodes upper lip (also Arum try); dryness of—; swelling of—; fan-like motion of the nostrils.

FACE.—Yellow, earthy; deep wrinkles; hot flushes; eruptions; freckles; tetters; twitching in—; dropping of lower jaw.

MOUTH.—Teeth pain when touched (cold air, Sulph.); toothache, with swelling of cheek, better from heat (cold, Merc.); gums bleed when touched (also Carb. V. Phos.); fetid odor in—; dryness in—; stiffness of tongue; vesicles on tongue; ulcers in—, or on tongue (from tobacco); tongue painful, swollen; pendulum-like motion of tongue; dry,

black, or cracked tongue (also Ars. Lach. Phos. Rhus); much tough mucus in—; bitter taste in—, in morning.

THROAT.—Sore; begins on right side (left, Lach.); hawking up of bloody mucus; difficult deglutition; swelling, suppuration of tonsils (also Bell. Lach. Nat. c.).

STOMACH.—Canine hunger; bulimy; disgust for warm things; nausea, from riding in a carriage (also Cocc.); vomiting of food; bile; coagulated matter and blood; hiccough; heartburn; waterbrash; pressure in—, after eating (also Kali C.); appetite good, but a small quantity of food fills him up; desire for oysters (also Lach. Rhus).

ABDOMEN.—Tension in, as from a whoop (also Cactus g.); bloated; clawing; griping in—; induration in—(also Apis. Lach. Plumb.); induration, inflammation of liver; fixed flatulence, causing pain; rumbling in—.

STOOL.—Constipation, ineffectual urging; constriction of rectum (also Lach.); scanty, feels as if much remained behind; bleeding, even with a soft—(also Sulph.); pale, putrid; diarrhea (during pregnancy); itching at arms at night in bed; pain in perineum after—; protruding varices; flatulence is odorless (fetid, Carbo v.)

URINE.—Frequent; profuse, pale (especially at night); dark, scanty; copious deposit of red sand in; greasy pellicle on surface; involuntary; painless discharge of blood; foamy (also Lach.); stitches in neck of bladder.

SEXUAL OS.—Desire or torpor; impotence; soreness between scrotum and thighs; dropsy of (also Apis); falls asleep during an embrace; pollutions; menses too profuse, too protracted (also Calc. Nux. V.); amenorrhea from fright (even if chronic); amenorrhea, with milk in breasts; varices on—; leucorrhea corroding; like milk; bloody, hard, burning; nodosity in mammae (also Carbo. V. Phos.).

COUGH.—Dry, day and night, with expectoration during day; expectoration copious; pungent; gray, salty; glairy; yellow; of pus; bloody; green; whooping, worse from 4 to 8 o'clock p. m., with pain in stomach; loud—ing during sleep.

CHEST.—Dyspnea from least exertion, continued oppression of; aching in; stitches in left, on inspiring; typhoid (and neglected) pneumonia; hepatization of lungs (also Bry. Phos. Sulph. Lach. Lachn. Stann.); palpitation, worse after eating; paralysis of lungs.

BACK.—Burning (like coals of fire) between scapulae (heat, Glon.); coldness, Amm. m.; (like ice, Lach.); pain in small of—; stitches in small of—; stiffness of neck; swelling of cervical glands.

EXT'S.—Pain as from sprains in joints; rheumatic tension in joints; swelling, inflammation of joints; white swelling of knee (sweat on swollen knee); cold, sweaty feet;

burning in palms of hands; old ulcers on legs, itching, burning, at night.

SLEEP.—Drowsy during day, wakeful at night; his mind is too active (also Calc. Viola tri.); screaming during—; sopor, starting on falling asleep (also Cham. Bell. Ignat.); changes position often (also Rhus); hunger at night on awaking (also Sep.).

FEVER.—Pulse quicker in evening (in morning Ars. Sulph.); chill in afternoon (4 to 8 o'clock); flushes of heat, with thirst for small quantities (also Acon. Ars.); heat of one foot (left), coldness of other (hands, Puls.); night sweats; perspiration cold; clammy; sour; fetid; bloody; smelling like onions (bloody, also Lach. Nux. m.); thirst predominates even after sweat; vomiting, between chill and heat, in intermittent; typhus, with a disposition to paralysis of the brain.

WORSE.—From 4 to 8 o'clock p. m.; on lying down; sitting; beginning to walk; after eating; eating oysters; from wet, warm poultices; pressure of the clothes; strong smells; while urinating; from riding (also Cocc. Colch.)

BETTER.—On getting cold; from uncovering; continuing to walk (also Rhus); from eructation.

CURATIVE RANGE.

Drawing, tearing in limbs (at night, or on alternate days); numbness of limbs; emaciation; great internal debility; twitching through the body; contraction; stiffness in joints; epileptic attacks; with screaming, foam at mouth, unconsciousness, tossing about; swelling of submaxillaries; hernia (on right side); renal colic; prostatitis; hydrothorax; crusta lactea (begins on back part of head); inflammation of bones (mostly ends of bones); blood boils; caries; fistulous ulcers; glandular swellings; chilblains; arthritic nodosities; freckles; baldness; brown spots (abdomen); dropsical swellings (first on the ankles); aptness to take cold; great desire or aversion to open air.

I quoted in full the indications for lycopodium because in my opinion it represents the Alpha and Omega of homeopathy. This wonderful drug, according to Hahnemann, develops its potency when "a grain is brought by means of a triple trituration for one hour, each time with 100 grains of milk sugar, to the millionth dilution and potency. . . . One grain of the latter . . . dissolved in 100 drops of dilute alcohol and shaken twice in the hand, exhibits a medicinal fluid, which, even in the smallest dose (one or two pellets, of the size of a poppy seed moistened with it), is still entirely too active in the disease for which it is appropriate. Even the fluid diluted still more highly, up to the billionth (sec-

ond) potency, cannot yet be employed for patients, even in the minute dose aforesaid, in consequence of its excessive violence. Not until the potentized sextillionth dilution does the drug begin to be useful, provided, however, that for irritable and feeble patients only the still higher potentized dilutions, the octillionth and decillionth are employed, in the dose of one or at most two very small pellets moistened with the fluid. The lycopodium seed occasions 891 different symptoms . . . and a suitable dose of this remedy, when rightly selected, continues its effects for 40 to 50 days, or perhaps a little longer."

Now what is this most wonderful, most powerful, most universally effective drug, lycopodium? Lycopodium is the sporules of lycopodium clavatum and is used principally as a dusting powder. Druggists employ it in coating pills to prevent adhesion, and as to medicinal qualities it possesses as much virtue as Fuller's earth or similar inert substances.

Does any rational homeopath believe that this substance will in the decillionth dilution do all it is claimed for it? Is it reasonable to suppose that the wonderful properties of lycopodium escaped the attention of thousands of physicians who, although familiar with its use, found no properties which would justify its retention in the materia medica? Will an up-to-date homeopath endorse all that has been claimed for lycopodium? If he will, then no other argument is necessary, any more than you can argue with a religious fanatic. A homeopathic physician told me that he found lycopodium an excellent remedy in digestive disturbances. He has cured many a patient with chronic indigestion by lycopodium, after the disease has resisted all other treatment. So have I—by withdrawing all medication.

I have refrained from commenting on the "provings" of lycopodium, on the labyrinth of its symptomatology, these 891 indications for its employment. I do not wish to appear sarcastic, but, honestly, how can anyone with the slightest sense of humor keep from laughing at this conglomeration of medical terms, at this crude, illogical and irrational jumble? Is this science or is it some incantation of a medicine-man? Does Dr. Washburn want us to teach this sort of thing in our medical colleges?

According to the American Homeopathian, if a patient sleeps with his knees apart, chamomilla is indicated; if with his legs stretched out at full length, pulsatilla; if with one leg drawn up and the other stretched out, stannum. If his head is always turned to one side, cina is indicated; if he bends his head forward, staphysagna; if backward, hyoscyamus. If the patient lie with his hands on the abdomen, pulsatilla is indicated; when the hands are over his head, nux.

According to the American Journal of Homeopathy (1894), if the patient sweats only in upper half of body, nux or opium is indicated; if the lower, crocus cyclamen; if the back, ananita or phosphorus; if the right side, aureum or sodium; if the left, fluoric acid and Jaborandi; if the face alone, ignatia. For sweats in the morning, angostura; for sweats while eating, oleum animalis.

According to the Southern Journal of Homeopathy, cedron is indicated when a cough is distressing at 6 a. m.; if worse when patient lies on abdomen, baryta is the drug; if wrose when lying on the left side, mercurius.

That the modern homeopath no longer believes in high potencies may be shown by the following quotations:

Dr. Shrewsbury (North Am. Jour. Hom., March, 1903), thus disposes of high potencies: "If there is any idea that the high potency contains enough of the drug whose name it bears to produce a medicinal effect we would call attention to a single calculation in round numbers which shows where we land. If we were to take one grain of crude arsenic and triturate it all up to the thirtieth we should require this quantity of sugar of milk—63 quintillions 775 quadrillions 510 trillions 204 billions 081 millions 632 thousand and 653 decillions 918 nonillions 224 octillions 489 septillions 795 sextillions 918 quintillions 367 quadrillions 346 trillions 938 billions 775 millions 510 thousand 204 tons. These are not the stingy, short tons which the coal man gives us either. They are long tons, avoirdupois, of 2,240 pounds each. The 200th would require nearly seven times as many figures.

We have made bold to speak thus plainly because we feel that the high potency idea, both in theory and in practice, is a nuisance, a delusion, an infatuation."

Speaking of single drugs in high dilutions, Dr. Shrewsbury says: "If a doctor goes to the bedroom of a patient and drops into a glass of hydrant water his single remedy of the 200th he has then and there by that simple act knocked out his own theory and exploded his consistency. For that innocent-looking water is no harmless medium in which to administer such a preparation. It has traveled for miles along the stream beds of Long Island triturating and dissolving a hundred drugs, animal, vegetable and mineral. It has further sucked them through the conduits and city pipes. It is no inert vehicle for his purpose. Compared with the 200th it is a blooming fluid extract of multitudinous and unknown remedies."

Dr. Moore, in the Hahnemannian Monthly, for November, 1901, admits the limitations of homeopathy when he states that the law of similia is "so modified by other physi-

cal laws" that it is only one factor in treatment, that "there are times when homeopathy is not only not indicated but when its use is a loss of time and a resultant danger to the patient." "If a patient is poisoned, no matter whether by syphilis, malaria or strychnine, the poison must be antidoted,"—he says.

And this is true, the modern homeopath uses morphine in large doses to allay pain, digitalis to counteract a failing compensation, antitoxin (not *toxin*, mind you) to neutralize the poison of diphtheria, and a thousand and one other rational therapeutic agents in ordinary therapeutic doses. He does this not realizing that he thereby renounces his master who said: "I recognize nobody as my follower but him who gives medicines in so small doses as to exclude the perception of anything medicinal in them by means either of the senses or of chemistry. Only potencies are homeopathic medicines."

Dr. J. C. Wood, in his presidential address at the fifty-eighth annual session of the American Institute of Homeopathy, truly states the position of the modern homeopath when he says:

"Personally, I believe it the duty of the physician, first to prevent disease, if possible; secondly, to cure disease which he cannot prevent, by the safest, surest, and easiest method at his command; and thirdly, to bring comfort and relief to the incurable by those means which are most available and most satisfactory, whether homeopathic or otherwise."

Now, what is left? The old conception of disease has been discarded, and the modern homeopath has accepted the doctrine of cellular pathology. From this standpoint the old time "provings" appear ridiculous, and the modern homeopath pays no attention to these provings whenever they conflict with a rational interpretation of diseased conditions. The "similia similibus curantur" is no longer regarded as essential in modern therapy, and the high dilutions are looked upon by the more enlightened members of the homeopathic profession as a more or less harmless joke. Our Oliver W. Holmes very aptly characterized the present status of homeopathy when he said:

"So far as I can take account of the stock, the present assets of homeopathy consist of a pleasing and sonorous designation, a nomenclature of symptoms, with sets of little phials, containing globules, which are the prettiest and most fascinating of amulets, arranged to correspond with the nomenclature, a collection of 'provings' which prove more about the prover than about the questions to be proved, and

a doctrine which slips on or off like a kid glove, according to the company in which the practitioner finds himself."

We must bear in mind that by adopting the many colored flag of broad eclecticism the modern homeopath deserts his old standard and ceases to be a homeopath. You cannot carry water on both shoulders; you cannot be a homeopath and a non-homeopath at the same time without becoming guilty of hypocrisy.

If this is the case, is it not time for the homeopaths to admit frankly that their fundamental doctrines are obsolete; that they are not compatible with medical progress; and then join the large, progressive army of physicians, physicians without medical creed or dogma, physicians without "isms" and schools, physicians whose mind is open and ready to receive any truth that will advance medical science and benefit mankind?

In conclusion, I feel called upon to reply to Dr. Washburn's letter which appeared in the October number of the JOURNAL. One of Dr. Washburn's chief contentions is that in the Rutland Sanatorium the consumptives did better under homeopathic than regular treatment,—*ergo* homeopathy is superior. It so happens that I have not the Rutland reports at hand and that I have been too busy to look them up. However, to counterbalance this "proof" I will point out the results at the Brooklyn Home for Consumptives for 1904. The report of that year shows that 14 per cent. improved under homeopathic and 19 per cent. under regular treatment, —*ergo* regulars are superior. Of course, both instances prove absolutely nothing. In the first place, the controls were not exactly alike. A group of cases may improve under a certain treatment while another similar group under the same treatment may not do so well. In the second place, tuberculosis is pre-eminently a disease in which drug-therapy occupies a very insignificant place. However, to meet the possible argument that in this instance drug-therapy was a determining factor, I consulted a Homeopathic Practice of Medicine and found that the drug treatment of pulmonary tuberculosis consists in the administration of *Ferrum*, *Calcarea-carbonica*, *Calcarea-phosphorica*, *Kali-carb.*, *Silica* and *Sulphur*. In addition, hydrocyanic acid, aconite, pulsatilla, belladonna and chamomile are recommended to meet certain indications. As practically all of these remedies are employed also by the regulars, the question may be asked, Where is the difference?

Dr. Washburn complains that the regulars, while professing to use any method of treatment that is of value irrespective of the source, do not resort to homeopathy. In the first place, what is there left of homeopathy to use that has

not been in use already. The modern physician, recognizing the double action of drugs depending on the dose, frequently resorts to small doses, as for instance, when he employs minute doses of ipecac to allay vomiting. Furthermore, the modern physician has taken full advantage of homeopathic practice by letting Nature take her course unmolested by violent interference. Homeopathy deserves the credit for proving that many diseases may be cured without drugs, and the modern physician has not been slow in taking the hint.

To sum up, we are neither homeopathic nor allopathic, nor eclectics. We are physicians, and, without confining ourselves to any set dogma, may resort to electro-therapy, mechano-therapy, including spondylo-therapy, psycho-therapy, bacterio-therapy, drug-therapy, any and all methods which are likely to benefit our patient.

Let it go at that!

THE PUBLIC DRINKING CUP LAW.—In view of the contemplated legislation along this line in Delaware, we quote the recent Kentucky law:

An Act prohibiting the use of Public Drinking Cups.

Be it enacted by the General Assembly of the Commonwealth of Kentucky :

1. The use of the common drinking cup on railroad trains and in railroad stations, public hotels, boarding houses, restaurants, or steamboats, in stores or other publicly frequented places in Kentucky is hereby prohibited. No person or corporation in charge of the aforesaid places, and no person or corporation shall permit on said railroad train, in railroad stations, public hotels, boarding houses, restaurants, steamboats, stores, or any publicly frequented place in Kentucky, the use of the drinking cup in common. There must also be posted in a conspicuous place, by the individual or corporation, by the drinking water contained in any of the places mentioned in the foregoing paragraphs, a warning cardboard, with the above printed thereon in large letters, so they can be easily read. Any person or corporation violating the provisions of this act, shall, upon conviction, be fined in any sum not less than one dollar, and not more than ten dollars, and each day's violation of any of the provisions of this act shall be considered a separate offense, punishable by fine in the amount named above.

2. All laws inconsistent with this act are hereby repealed.

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THE ANNUAL MEETING OF THE STATE SOCIETY.—The last annual meeting of the State Medical Society, which took place in Wilmington, had nothing to distinguish it either in point of attendance nor the program. The attendance was small, considering that the meeting was in Wilmington, while the papers lacked in finish; in fact, two of the papers were talks which showed no particular preparation. We are not indulging in captious criticism, nor do we care to "boost." We believe neither in nagging nor in whitewashing. The function of an editor is neither to conduct a muck-raking campaign nor be the leader of a mutual admiration society,—one course is just as disastrous as the other.

We propose to consider our failings calmly and point out the reasons so that they may be removed in the future.

There are two reasons why our state meetings have not been as successful as they should. One, and the principal one, is that our programs are not arranged far enough ahead. Men are pressed into service to *prepare* papers, and the papers are not prepared nor, we dare say, even planned up to within a few days of the meeting. It is inconceivable that among the over 100 members of the society not one has a message to deliver, a message which he has carefully digested, planned and prepared. It is equally improbable that among these 100 up-to-date, intelligent physicians, not five could prepare a digest on some medical topic; not a textbook article, but an original epitome of the subject. We have the men, we have the brains, but lack the proper spirit; we lack the enthusiasm and the desire to make the meeting a success.

One reason for the small attendance, then, is that we do

not make our meetings sufficiently interesting, and for this every member is to blame.

The other reason is more fundamental. It is the fear each physician entertains of losing a case or a family through his absence. The most discouraging aspect of our professional life is this miserable commercialism which has taken possession of our profession and is blighting its growth and development. It is a crying shame that professional men should so far forget themselves as to sacrifice friendship and good-will on the altar of Mammon. It is a well known fact that if the family physician happens to be absent and another doctor called in, the latter will assume charge of the case without the least compunction, like some tradesman who takes every possible advantage of his competitor. Our code of ethics, even simple everyday gentlemanly conduct, are cast aside when a dollar is the prize to win. Have we stooped so low as to adopt the horse trader's dictum, "Do unto the other fellow what he would do to you, and do it first?" Is this the guiding principle of our conduct? Some day there will be an awakening; some day the human spirit will emerge from the mire of commercialism and will proclaim the supremacy of friendship over money. Some day the golden rule and not the ruling gold will govern our professional relations. It is the duty of every right-minded physician to try to hasten the coming of that day.

The State Laboratory.—At the last meeting of the State Medical Society a motion was adopted looking towards moving the State Laboratory from Newark to Wilmington. The only dissenting voices were those of Drs. W. Marshall, Jr., and Steel. The former objected on the ground that Delaware College, his alma mater, will suffer in prestige and usefulness by the loss of the laboratory; the latter objected on the ground that the laboratory in Wilmington will be so overworked by the Wilmington doctors that no time will be left to devote to specimens from down-State physicians. In reply to Dr. Marshall's objection we will say that the laboratory is not a legitimate part of the college equipment. There is no teaching done at the laboratory and students have nothing to do with it. The laboratory belongs to the State Board of Health and exists largely for the benefit of the physicians of the State. The trustees of the college, with one or two exceptions, do not particularly want the laboratory. "In fact," said one of them the other day, "the laboratory is much of a nuisance, and for my part I would be glad to get rid of it and devote the room to a better purpose."

As to Dr. Steel's contention we can assure him that

should the laboratory be located in Wilmington extra help will be provided so that the work will not suffer.

From every standpoint, the State Laboratory will be more useful when located in Wilmington, and we hope that those who object to the move now will have a change of heart when the matter will be finally presented before the Legislature.

HOPE FARM.—The Delaware Antituberculosis Society Sanatorium at Marshallton is fast developing into a first-class institution. The administration building which is nearing completion has few equals in the country for the size of the institution. The medical superintendent, Dr. Pendelton, has had years of experience in sanatorium work as have Miss Burns, the matron, and Miss Geiger, the assistant. With such a corps of workers the patients are assured of the best up-to-date scientific treatment. At the present time there are 28 patients, most of them in the advanced stage of the disease. There is no longer any doubt as to the curability of tuberculosis in the early or incipient stages, and when one has the opportunity to witness the rapid improvement of an incipient patient and contrast this with the downward course of an advanced case he cannot help but think that the patient in the advanced stage was at one time in a favorable incipient stage, but this stage either escaped detection on the part of his physician or else the physician held on to him for purely commercial reasons until the curable stage has passed. In either case the physician committed a crime against this particular patient. We wonder how soon will the doctors, one and all, realize their grave responsibility in the matter of tuberculosis.

HOME TREATMENT OF TUBERCULOSIS.—We are convinced that tuberculosis cannot successfully be treated at home. In order that a patient may get the full benefits from hygienic treatment he must give up old, well fixed habits and acquire new ones. This requires discipline to which the ordinary adult will not readily submit at home. In cases of fever, the outcome of the case frequently depends on the regulation of rest and exercise according to the degree of temperature elevation. This can be accomplished only under strict supervision, which usually cannot be had at home.

THE OPEN DOOR.—Every time the Delaware Hospital makes an appeal for donations some one raises the cry, "Open the door." The cry is insistent, and, looking at it from a certain standpoint, it is the kind of a demand to be heeded. There appear to be two sides to the question, however. On

the one hand, the physicians not connected with the Delaware Hospital are in a measure deprived of hospital facilities. On the other, the trustees of the Delaware Hospital have reason to fear that by opening the door to any physician, chaos will be introduced into the hospital management. At present, the rights and privileges of the visiting staff, the visiting hour, the duties of the resident physicians and nurses are within easy control and are regulated in an orderly fashion. All this would change with an unrestricted admission of outside physicians. Suppose five doctors should visit their patients at the same time, each demanding either a resident or nurse or both to assist him. Then, the difficulty of discriminating against physicians whose professional standing or personal character is not of the best and whose connection with the hospital would be undesirable. Finally, the free use of the hospital would encourage amateur surgery, which would be a distinct disadvantage to the hospital as well as the patients. It is well to bear in mind that the hospital is not an experimental laboratory with the patient in the role of an experimental animal. The poor man is entitled to the same skill as the rich, or our vaunted charity would become a cruel farce. The only way to acquire knowledge of surgery is as an interne or an assistant to an experienced surgeon.

As matters stand now, there is not a reputable physician in Wilmington or a reputable surgeon who cannot treat his own patients at the Delaware Hospital, by obtaining the permission of the Medical Board, a permission which is always readily granted. As an instance, we may mention the fact that Dr. J. H. Spruance is at the present time attending four of his private patients at the Delaware Hospital. Practically, the door is open, only the key is still in the pocket of the management.

We will open the pages of the JOURNAL to a free discussion of the subject. It is a medical matter and it is better that it receive consideration in our State Journal than the public press, where it is distinctly out of place.

THE WORK OF THE AMERICAN MEDICAL ASSOCIATION.—The wonderful work of the American Medical Association under the leadership of the able and silent Simmons, the secretary and editor of the *Journal*, is now beginning to tell in results, and the work not half done. In rebuilding a great structure the old must be torn down before the new is constructed. In the Association work we also find these two distinct efforts. The destructive work consisted in cleaning the *Journal* of undesirable advertising matter and uninteresting rehash in the reading columns; the exposure of fraud

and hypocrisy; the clearing up of old rubbish which paraded as medical science. The constructive work has now begun. The creation of the Council on Pharmacy and Chemistry, the Council on Medical Education and, lately, the Council on Health and Public Instruction. The latter represents the first systematic effort to take the education of the public in medical matters out of the hands of the ignorant, the quack and the charlatan. The work done even in so short a time has already begun to show results. The press bulletin has proven of unquestioned value in informing newspaper editors on public health topics. The lecture bureau is as yet in an experimental stage, but within a reasonable time it will prove a most valuable agency for public education. There are many plans in view, which will be developed as rapidly as possible, and which can be greatly aided by the co-operation of the members of the Association.

These various activities presage a greater medical profession and better opportunities for the individual doctor.

It will be strange indeed if we do not have a spirited controversy some day over the question of contract practice. Organizations having for their principal object the furnishing of medical services at a nominal sum are constantly being organized, and already we hear of such organizations as the Moose, the Owls, the Snakes, the Turtles, and several other societies having equally fantastic names. Of course the fellows who organize these societies get a substantial "rake-off," and then there are certain officers who also come in for salaries. But the meat of the proposition is in the furnishing of medical services, and usually some "two-by-twice" doctor is found who is willing to sell his birthright for a mess of pottage and who contracts to take care of a family of a man, his wife, nine children and a goat for 50 cents, or at the most $1 per month. We are quite willing to believe that he is capable of prescribing for the goat, for it takes a good deal to kill a goat; but if his services to the family are worth no more than what he receives for them, we believe that the family better add to the protection by joining a society for furnishing the services of an undertaker and a tombstone maker. However, we are under the impression that eventually this situation will be relieved by a growing knowledge on the part of the public that the service of a good physician cannot be secured at so much per head, like cabbage, with everything thrown in, and that when services are bought in that way the purchase is usually a "lemon" and a bad one at that.—(From the Journal of the Indiana State Medical Association.)

THE following is from a splendid address before the Kansas Medical Society by Rev. F. Poe (The Jour. of the Kan. Med. Soc., Oct., 1912):

"New Thought, Faith Cures, Emmanuel Movement, Christian Science, all are built more or less upon the self-hypnotic or auto-suggestion basis. Where did they get it? Gentlemen, for years you have been giving blank tablets and your patients have been recovering. Modern movements have simply stolen your thunder and are making a loud noise with it. If suggestion is a good thing, say so, and do not permit anybody to appropriate it and claim the credit for it and leave the inference that you are ignorant as to its methods or results. Speak out with generosity about the truth in all schools, not blatantly, but firmly. Appropriate the good, oppose the evil. In this day of unrest the doctor and the minister must more than ever before make themselves indispensable to society. If we are forceful against quackery, unsanitary conditions, intemperance, the social evil, public medical frauds, then will we receive our just reward of merit; but if we are unorganized, separated, actuated by jealousies and bickerings, and lose this great opportunity of united service for mankind, then shall we go our way to public disfavor and our murmurings will avail us naught."

"WHILE the physician's opinions are sought on medical subjects, yet he is also invited sometimes to give his opinion on secular matters. But there is a sentiment among the profession, and voiced by the laity too, that medical men should not engage in public affairs; this is a mistake; the practice of medicine does not disqualify a man from the performance of public duties, and the reticence and modesty on the part of the profession has lessened our influence in public matters. The medical profession, if united, active and aggressive as some other callings, could accomplish wonderful results and reforms, and at the same time enhance measures for its own benefit and protection. Our profession, the members of which have the entree to every family, could by a word wield an influence that would be irresistible."—(Dr. Walker in the Virginia Medical Semi-Monthly, Oct., 1912.)

Letters to the Editor

To the Editor of the Delaware State Medical Journal:

MY DEAR SIR—In the October, 1912, number of your journal, page 9, I notice you take the opportunity to make

unjust comments under the guise of the title "More Puffs." You recall that I called you on the phone and asked you why you referred to so ancient an occurrence, the news item having appeared in the newspapers of September 22, 1910. Your reply was that you thought the time in question was September, 1912, that the clipping had been handed you at the last meeting of your society. I fully believed this statement, but am still wondering why you printed so much about me (even if it had been new) simply to get in the little remark that you did in the last three lines of the article, and about which you know absolutely nothing, as your brief remarks on chiropractic treatment show. A year and a half ago, I was just as ignorant on this subject as you are now. But I want to inform you and your worthy readers that I am first of all a physician, specializing on the spine as a causative factor of many diseases. A brief visit to my office will convince the most skeptical that I have not given up medicines, nor surgery, nor any branch of the healing art that is the duty of the physician to know and use. I have given 20 years to the study for, and work of, a physician, and do not expect to give up or turn from anything; but do intend to add to my knowledge any and everything that is of value to me as a physician and that will assist me to cure or relieve disease that medicines cannot cure.

Many honored men of the medical fraternity of this city are now engaged in special work in electro, radio, and thermo therapy, according as they have seen good work done, and their aptness for such specialty may direct. Such, likewise, is my position as a physician. I gave up nine months of time wholly and absolutely to the study and practice of the special work I am doing. I am exceedingly well satisfied with the results I have obtained and feel that my experience and reputation as a physician is sufficient guarantee that my work will be strictly professional and ethical. Two years ago (October, 1910, pages 9 and 32), your journal devoted almost two pages to this very news clipping and editorial on same. At that time no names were mentioned and no comment made except the editorial which was well prepared and aimed at no purpose other than to argue against newspaper articles. I fully agreed with the editorial and discreetly kept silent. But since you see fit to publish names and make comments, it is my duty to say, first—That no matter what you think or believe, the item was a true news item and I had nothing to do with its appearance; second, that Dr. Chase did say just what he is quoted as saying. But these statements can be easily proven. It is my duty to say, first—That I never did, and do not now, wish newspaper nor medical journal notoriety; second, that I always

have, and do now, hold the largest portion of the medical profession in the highest esteem; third, that my aim is to relieve the suffering and diseased of ailments that have not yielded to the usual forms of treatment.

Respectfully yours,

CHAS. A. RITCHIE.

Transactions

of the

Delaware State Medical Society

The 123d annual session of the House of Delegates of the Delaware State Medical Society, was held at the Board of Education rooms, October 7, 1912, and the following business transacted, those present being:

P. W. Tomlinson, G. W. Marshall, F. Belville, Joseph M. Martin, G. F. Jones, G. I. McKelway, H. J. Stubbs, H. W. Briggs, W. H. Kraemer, H. L. Springer, E. S. Dwight, A. Robin and G. W. K. Forrest.

In the absence of President F. L. Springer, Dr. George W. Marshall was selected as chairman.

Program as prepared was adopted as order of business.

Reading of the minutes of last session dispensed with:

The election of officers resulted as below:

First Vice-President—A. Robin, of Wilmington.

Second Vice-President—Joseph M. Martin, of Lewes.

Secretary—G. W. K. Forrest, of Wilmington.

Treasurer—S. C. Rumford, of Wilmington.

Councilor—P. W. Tomlinson, of Wilmington.

Trustee of Journal—E. S. Dwight, of Smyrna.

The following names were selected as those to present to the Governor for his selection of members of the State Medical Examining Board:

G. Frank Jones, William Wertenbaker, D. W. Lewes, James H. Wilson, W. H. Kraemer, William Marshall, Jr., E. S. Dwight, W. P. Orr, Jr., H. D. M. Kollock and W. F. Haines.

COMMITTEES ELECTED.

Scientific Work—J. A. Ellegood, A. Robin.

Public Policy and Legislation—P. W. Tomlinson, H. R. Burton, George W. Marshall.

Medical Education—H. W. Briggs.

Necrology—W. H. Kraemer, L. S. Conwell, W. P. Orr.

DELEGATES.

American Medical Association, Two Years—H. J. Stubbs; alternate, A. Robin.

Maryland State—H. G. M. Kollock, William Marshall, Jr., James Brayshaw.

New Jersey Medical Association—James Beebe, Frank Belville, G. T. McKelway.

Pennsylvania Medical Association—R. G. Paynter, H. L. Springer, E. S. Dwight.

New York Medical Association—H. W. Briggs, L. A. H. Bishop, J. P. Waples, Jr.

Delaware Pharmaceutical—W. H. Kraemer, J. W. Clifton, W. F. Haines, J. H. Spruance, James H. Chipman.

The Board of Trustees of the Delaware State Medical Journal, through its president, Dr. H. J. Stubbs, made a brief report concerning the Journal, its progress and its future, and they unanimously recommended the continuance of the Journal for another year under the same conditions as in 1911-1912.

On motion duly seconded, this was adopted.

The annual per capita tax for this year, by unanimous vote, was fixed at $2.50.

On motion, it was decided that the president of the Society should appoint delegates in case of the inability of the elected delegates to attend the Association for which they were selected.

On motion, Dr. H. W. Briggs was selected as the delegate to the Council on Medical Education of the A. M. A.

Dr. Albert Robin spoke at length on the advisability of removing the Delaware State Laboratory from Newark to Wilmington. Dr. Draper also spoke favorably of this project, he being one of a committee from the New Castle Medical Society, appointed to tell of the unanimous opinion of this Society in favor of removing said laboratory to Wilmington.

Dr. G. F. Jones also stated in the course of his remarks, that Sussex County Medical Society had passed a similar resolution.

Dr. George W. Marshall also favored such an action.

Dr. A. Robin moved that the House of Delegates prepare proper resolutions recommending removal of the State Laboratory from Newark to Wilmington. Adopted.

On motion, duly seconded, it was decided that a committee of five be appointed from the Delaware State Medical Society, to meet a committee from the Homeopathic Society, in order that such joint committee should draft a bill to be presented to the coming session of the Delaware Legislature,

recommending the removal of the Delaware State Laboratory from Newark to Wilmington. The chair appointed the following committee:

P. W. Tomlinson, A. Robin, H. W. Briggs, L. S. Conwell, G. F. Jones.

The following report of the Auditing Committee was accepted:

We, the Auditing Committee of the Delaware State Medical Society, have examined the accounts of the Treasurer and find the same correct, there being a balance in hand of $96.24.

P. W. Tomlinson,
G. W. K. Forrest.

On motion, all bills approved by the Finance Committee were ordered paid. Dover was selected as the next place of meeting, on the second Tuesday in October, 1913.

On motion the House adjourned.

TREASURER'S REPORT APPENDED.

Wilmington, Del., October 7, 1912.

To the Delaware State Medical Society:

GENTLEMEN—Following is my report as Treasurer for the past year:

Balance in hand, October 9, 1911	$ 34.98
Dues from Sussex County	55.00
Dues from Kent County	45.00
Rent exhibit spaces	5.00
Dues from New Castle County	212.00
Interest Dover Bank Stock	35.00
Interest Eq. G. & T. Co.	1.36
	$388.34

Check.		
No. 43.	Am. Bonding Co.	$ 2.00
No. 44.	J. B. Robinson	4.25
No. 45.	Dr. G. W. K. Forrest	5.00
No. 46.	G. H. Buchanan	40.00
No. 47.	New Amstel Printing Co.	100.00
No. 48.	Star Printing Co.	30.00
No. 49.	Star Printing Co.	18.60
No. 50.	Star Printing Co.	37.25
No. 51.	Lewes Hall Asso.	10.00
No. 52.	Star Printing Co.	45.00
		$292.10
Bank balance, October 15, 1912		96.24
		$388.34

I would suggest for future years the advisability of requesting the Treasurers of each County Society to send with his Society's dues to the State Treasurer a statement of the number of members for whom he is paying, in order that the State Treasurer may have a record of the members in good standing in the State Society.

Yours truly,
Samuel C. Rumford.

Medical Progress

THE DIAGNOSIS OF POSTERIOR URETHRITIS.—*Jadassohn Three Glass Test.* The patient urinates successively into three glasses. This is practically analogous to the Thompson test, except that the third glass is supposed to give the products of the prostatic ducts by the muscular contractions at the end of urination.

The suppositions are as follows:

(a) If glass 1 is turbid, anterior urethritis.

(b) If glass 2 and 3 are also turbid, urethro-cystitis.

(c) If glass 2 is slightly turbid and glass 3 very cloudy, posterior urethritis and prostatitis.

This test is liable to the same objectionable features as the Thompson test. No reliance can be placed on either one of them, yet they are being constantly used in office work by the majority of physicians and surgeons throughout the country. In the hands of a specialist who knows how to interpret the findings, the tests may be of some use, but for exact work they should be discarded.

To evade these errors, various "irrigation" tests have been devised. These are more accurate and, if carefully performed, will give quite satisfactory results.

Goldenberg-Jadassohn Test. The anterior urethra is washed out through a soft rubber catheter inserted as far back as the bulb. The urine is then voided into two glasses. Glass 1 should contain the products washed from the anterior urethra; glass 2 (control) proving the anterior urethra has been thoroughly cleansed; glass 3 (first urine) gives products from posterior urethra or beyond that portion of the urogenital tract; glass 4 (second urine) gives products from the prostatic ducts, bladder or beyond.

(a) If glasses 3 and 4 are clear the pus originates in the anterior urethra.

(b) If glass 3 is cloudy and glass 4 is clear, we have posterior urethitis.

(c) If glass 3 is slightly turbid and glass 4 very cloudy, we have urethrocystitis or prostatitis.

The objectionable feature in this test is the use of a catheter to irrigate the anterior urethra. It brings with it dangers of infection and may act as an irritant foreign body; besides it is impossible to say accurately where the eye of the catheter is situated.

Smith Irrigation Test. This is practically the same as the preceding, except that the anterior urethra is carefully washed out without the use of a catheter. It has not the objectionable features of the former test, and is both simple and effective.

Kollmann Five Glass Test. The anterior urethra is thoroughly cleansed through a soft catheter and the washings collected in two glasses; the urine is then passed into three glasses. The interpretation is as follows: Glass 1 contains products washed from anterior urethra; glass 2 (control) proves anterior urethra has been thoroughly cleansed; glass 3 (first urine) contains products from the posterior urethra; glass 4 (second urine) contains products from the bladder; glass 5 (third urine) represents the last bladder urine, together with pus and detritus squeezed out of the prostatic follicles and seminal vesicles, due to the muscular contractions resulting at the close of micturition. This test resembles the Jadassohn three glass test, except that Kollmann first eliminates the anterior urethra, making the test more precise. This test is utterly unreliable as far as attempting to identify the prostate and vesicles as the source of pyuria, even though it be more exact in its localization of pus.

Jadassohn Three Glass Expression Test. This test is the first serious attempt to identify the prostate and seminal vesicles as the source of the pyuria. The patient passes his urine into two glasses, leaving some in the bladder. The prostate and vesicles are then vigorously massaged, and the remaining urine is then passed into a third glass. While this is a very useful test, it is much more accurate when combined with the irrigation of the anterior urethra, thus eliminating the latter from consideration. We can then interpret the findings as follows: Glass 1 contains urethral washings; glass 2 (control) proves the anterior urethra has been thoroughly cleansed; glass 3 (first urine) contains the products from the posterior urethra; glass 4 (second urine) contains products from bladder or higher up; glass 5 (third urine), after massaging the prostate and vesicles, contains products from these organs, or may have products also from beyond the urogenital tract. If glass 3 be slightly turbid, glass 4 clear, and glass 5 after massage very turbid, it signifies that the pyuria originates from the posterior urethra and the prostate or seminal vesicles. If the pyuria originates from the bladder or higher up, glasses 3, 4 and 5 will usually be equally turbid.

THE DETERIORATION OF HYDROGEN PEROXIDE.—The New Hampshire State Board of Health found that a number of

samples of hydrogen peroxide purchased in the open market showed evidence of decomposition of the acetanilid used for preservation which progressed to such a point that the color, odor and taste were extremely marked and the goods were, in fact, positively unfit for sale or use—this notwithstanding standard strength.

Manufacturers have evidently a great deal still to learn with regard to the preparation and marketing of peroxide. Thus it is now recognized that where acetanilid is used there is a considerable difference, both in the rate of strength deterioration and the tendency to formation of nitro products, in goods manufactured by the same general process and containing the same amounts of preservative. The same difference is also true of the acetanilid-free goods, some of these products rapidly undergoing deterioration, while in others—one at least—it seems to have been found possible, not only to dispense with acetanilid, but according to a recent report of the Bureau of Chemistry in this connection, to hold the rate of deterioration down to that of the best of the acetanilid-preserved brands. While this department is in nowise seeking to advance the interests of any manufacturer, still it is patent to any one that a pure peroxide that is reasonably stable is much to be preferred to one that has undergone partial acetanilid oxidation; and it ought to be the aim of manufacturers, either (1) to do away with acetanilid or other preservatives of this class, (2) discover some other preserving agent, or (3) adopt some course whereby the kind of decomposition referred to shall not exceed a reasonable limit.

The Ice Bag in Appendicitis.—The use of the ice bag in acute appendicitis is as dangerous as the use of opiates. It allays pain and thus masks symptoms, giving the patient a false feeling of comfort. Moreover, the cold devitalizes the tissues, rendering them more vulnerable in case of operation.

Personals

Dr. J. Thorkelson, who recently located in Wilmington, has been appointed assistant to the chair of anatomy in the Physicians' and Surgeons' College, Baltimore.

Mayor Harrison W. Howell was elected chairman of the finance committee, which will raise $25,000 to advertise the

city and bring industrial and business concerns to Wilmington.

Dr. G. W. K. Forrest, the secretary of the State Medical Society, attended the Conference of the State Secretaries held in Chicago, October 23-24.

Miscellaneous

CONFERENCE OF STATE SECRETARIES.—One of the most important meetings since the reorganization of the American Medical Association at St. Paul, in 1901, was the Conference of the Secretaries of State Societies, called by the Committee on Uniform Regulation of Membership at the Association headquarters, Chicago, October 23 and 24. This committee was appointed in 1908, in accordance with a recommendation made in the Secretary's report for that year. At the Atlantic City session, last June, the committee summarized its reports for the last four years, and recommended that a conference of state secretaries be authorized to consider the entire question of membership conditions in the county, state and national organizations. This recommendation was referred to the Board of Trustees and a conference between the committee and the state secretaries was authorized by the Board of Trustees, to be held at the same time as the October meeting of the board. Appropriations were made for paying the expenses of all state secretaries who attended the meeting. The conference was called to order at 10.30 a. m., Wednesday, October 23, at the Association building in Chicago, by Dr. Thomas McDavitt, secretary of the Minnesota State Medical Association and chairman of the Committee on Uniform Regulation of Membership.

Thirty-eight states were represented.

THE PROGRAM.

The following program was carried out:

1. Call to order, Dr. Thomas McDavitt.
2. "History and Development of Membership in the American Medical Association and Its Component Parts," Dr. F. R. Green.
3. "Some of the Difficulties of the Present Situation," Dr. A. R. Craig.
4. "Remedies Proposed by the Committee," Dr. Thos. McDavitt.

DISCUSSION.

A general discussion of membership regulation was conducted under the following heads:

1. Fiscal Year. Should the fiscal year coincide with the calendar year? Should the fiscal year be the same in all county and state societies?

2. Should membership expire automatically at the end of the calendar year, and a new roster for each county and state society be made with the beginning of each year?

3. When should membership reports from county secretaries to state secretaries be due?

4. Should the dues of new members, joining after the first of the year, be prorated for the remainder of the year?

5. Should an admission fee be required in addition to the annual dues?

6. Should uniform application blanks, receipt blanks, and membership and transfer cards be adopted?

7. Should constituent state associations hold charters from the American Medical Association?

8. Should a uniform plan for the transfer of members be adopted?

In addition to the above Dr. George H. Simmons, editor and general manager, discussed the question of membership in the American Medical Association, and the changes in name proposed by the Board of Trustees.

REPORT OF THE COMMITTEE ON RECOMMENDATIONS.

After two days' discussion it was evident that the secretaries present were agreed as to the advisability of a uniform fiscal year for all parts of the organization, to coincide with the calendar year, and that they favored the expiration of membership at the end of each year and a complete revision of the membership rolls at the beginning of each year. The committee on recommendations, consisting of Dr. E. J. Goodwin, Missouri State Medical Association; Dr. Wilfred Haughey, Michigan State Medical Society; Dr. Perry Bromberg, Tennessee State Medical Association; Dr. William S. Gardner, Medical and Chirurgical Faculty of Maryland, and Dr. F. R. Green, secretary of the committee and of the Council on Health and Public Instruction, brought in a report recommending the adoption of provisions on these two points, and that all other points be deferred for further consideration. The report of the committee follows:

The Committee on Recommendations herewith submits the following report:

1. We recommend that this conference endorse the plan of having the fiscal year coincide with the calendar year in all parts of the organization. We further recommend that

secretaries of all state associations which have not already adopted this provision bring this matter to the attention of their associations and recommend its adoption.

2. We recommend that constituent state associations adopt provisions making dues in component societies payable on January 1 of each year, and requiring county secretaries to report to state secretaries all members in good standing, together with their per capita assessment for the current year not later than March 31. State societies desiring to do so may provide a shorter period.

3. The recommendation regarding the third question under discussion is covered by our recommendation of the second.

4. Regarding the prorating of dues, we recommend that this be made optional with each component society.

5. Regarding an admission fee for membership we recommend that this be made optional with component societies.

6. While the committee recognizes, as a general principle, that a uniform system of blanks for county and state societies is desirable, as soon as practicable, we recommend further consideration of this question at a later conference.

7. We recommend that the House of Delegates of the American Medical Association be asked to consider the advisability of issuing charters to constituent state associations.

8. We recognize the desirability and advantage of a uniform method of transfer, but this system cannot be established until there has been developed a greater uniformity in other details of organization. We therefore recommend that this question be made the subject of discussion at a future conference.

9. The committee recognizes the value of this conference to the state association secretaries, and to the purpose of organization; it therefore recommends that future conferences of this character be held.

The report of the committee was unanimously adopted by a rising vote. It was also moved and carried that the secretary be requested to send copies of the report to each state secretary and to each state journal, and that the proceedings of the conference, as published in the *Bulletin*, be furnished to each state secretary desiring them, in sufficient quantities to send one to each member of the state association. After a vote of thanks to the Board of Trustees for making this conference possible by the appropriation, the conference adjourned.

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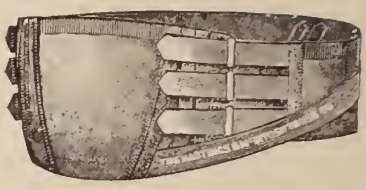

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